

Nonpreferred Drug Prior Authorization Criteria

October 2021

Approval criteria:

A request for coverage of a non-preferred drug may be approved if the following criteria are met:

- The drug is not excluded from coverage (e.g. drugs for erectile dysfunction);
AND
- The drug is prescribed for a medically accepted indication as defined in Sec. 1927 of the Social Security Act;

AND

- The member has been taking the requested non-preferred drug to treat a mental illness or emotional disturbance as defined by Minnesota Statute 62Q.527 for at least 90 days;

OR

- The preferred drugs are experiencing documented drug shortages or recalls from a wholesaler, manufacturer, the ASHP Drug Shortage web page or the US Food and Drug Administration;

OR

- The requested drug is being prescribed within recommended dosing guidelines;

AND

- The member has had a trial of at least two preferred chemically unique drugs within the same drug class on the Preferred Drug List, or a trial of at least one preferred drug within the same drug class if there are not two chemically unique preferred drugs within the same drug class. The use of free goods or pharmaceutical samples will not be considered as meeting any step of the nonpreferred drug prior authorization criteria.

AND (at least 1 of the following)

- The prescriber must provide documentation (e.g., pharmacy dispensing record, medication orders in members' health record, etc.) at the time of request that:
 - the member was adherent to the previous therapies during the trial(s) AND
 - the trial was sufficient period of time sufficient to allow for a positive treatment outcome, or that the drug was discontinued due to an adverse event;

OR

- The member is currently taking the requested non-preferred drug and is experiencing a positive therapeutic outcome AND the prescriber provides documentation that switching the member to a preferred drug is expected to cause harm to the member or that the preferred drug would be ineffective;

OR

- The preferred drug is contraindicated pursuant to the pharmaceutical manufacturer's prescribing information or, due to a documented adverse event or medical condition, is likely to result in the following:
 - cause an adverse reaction, OR
 - decrease the ability of the member to achieve or maintain reasonable functional ability in performing daily activities; OR
 - cause physical or mental harm to the member;

Duration of Approval

- Requests due to drug shortages:
 - Request may be approved up to 3 months or up to the estimated known and verifiable resolution date, if the documented drug shortages are from the wholesaler (e.g., wholesaler invoice, screenshot of wholesaler electronic ordering system, etc.)
 - Request may be approved up to 6 months or up to the estimated known and verifiable resolution date, if the documented drug shortages are from the manufacturer (e.g., manufacturer press release, screenshot of manufacturer web page, etc.)
 - Request may be approved up to 12 months or up to the estimated known and verifiable resolution date, if the documented drug shortages are from the ASHP (American Hospital of Health-System Pharmacist) Drug Shortages web page or US Food and Drug Administration
- Requests due to other reasons may be approved up to 12 months

Quantity limits

- Quantity limits pursuant to the FDA-approved label will apply

Note

- If applicable, the non-preferred drug prior authorization criteria does not bypass a clinical prior authorization for a specific drug.
- The inability or unwillingness of the enrolled pharmacy to order or stock the preferred drug will not be considered as a basis for requests due to drug shortages.

Definition

- **Free goods/pharmaceutical samples:** medication samples, medications obtained from any patient assistance programs or any discount programs, medications obtained through free trial programs, manufacturer vouchers, coupons or debit cards while the member is on Medical Assistance.

MHCP Provider Call Center (651) 431-2700 or 1-800-366-5411