MEDICA MEDICAID NONPREFERRED DRUG PRIOR AUTHORIZATION POLICY

POLICY: Medicaid Non-Preferred Drug Prior Authorization

OVERVIEW

Effective July 1, 2019, all MN Managed Care Organizations who are Medicaid Plan sponsors are required to adopt the STATE's Fee-For-Service (FFS) Preferred Drug List (PDL) and non-preferred prior authorization criteria for all drug classes listed on the PDL. Plan sponsors are allowed to apply different clinical prior authorization criteria to drugs on the STATE's PDL, with the exception of direct acting antiviral drugs used to treat Hepatitis C, but are not allowed to disadvantage any preferred drug to another drug in the same drug class on the STATE's PDL.

(d) The MCO shall follow the STATE's PDL for outpatient pharmacy claims. The MCO may utilize the PDL for drugs covered under the medical benefit.

(e) The MCO may utilize quantity limits or therapeutic duplication edits that are different than those utilized by the STATE for drugs included on the PDL so long as the edits do not result in a preferred drug being disadvantaged to another drug in the same drug class. Edits applied to preferred drugs must conform with the drug label approved by the Food and Drug Administration or to the edits used by the STATE.

POLICY STATEMENT

Prior authorization is required for Non-Preferred drugs. Clinical criteria, if applied, cannot disadvantage a preferred drug on the PDL to a non-preferred drug. If no clinical criteria applies, then the prior authorization criteria applied must align to the State's Non-Preferred Drug Criteria. The State's prior authorization criteria is subject to change with notification from the State with a minimium of 60 days' notice to implement updated criteria or change to the preferred drugs.

AUTHORIZATION CRITERIA

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 weight loss, drugs for erectile dysfunction are excluded from coverage) 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 nonpreferred drug to treat a mental illness or emotional disturbance as defined by Minnesota Statute 62Q.527 for at least 90 days 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 AND
- 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 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 nonpreferred 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
• Up to 12 months

QUANTITY LIMITS
• Quantity limits pursuant to the FDA-approved label will apply

NOTE
• If applicable, the nonpreferred drug prior authorization criteria does not bypass a clinical prior authorization for a specific drug

REFERENCES
1. MN DHS website: https://mn.gov/dhs/assets/Nonpreferred_Drug_PA_Criteria_tcm1053-379166.pdf