

## CRITERIA FOR Non-Preferred Drugs that Require PA

**PROVIDER GROUP:** Pharmacy  
Professional

**MANUAL GUIDELINES:** Pursuant to K.S.A 2002 supp. 39-7, 121(a), a preferred drug list has been established by Kansas Medical Assistance Program.

Drugs (NDCs) identified as Non-Preferred **require prior authorization.**

Drugs (NDCs) identified as Preferred; Not on PDL; or PDL drug, but not applicable **DO NOT** require prior authorization.

\*\* Preferred and Non-Preferred Drugs are identified on the Preferred Drug List on the web @ <http://www.kdheks.gov/hcf/pharmacy/download/PDLList.pdf>

\*\* Non-Preferred NDCs are identified in Interchange by the following:

- PDL Ind on the Drug Inquiry window indicates Non-Preferred **AND**
- PA Required on the Drug – Benefit Plan Coverage Maintenance window is ‘Yes’

**CRITERIA:** *(as recommended by the Drug Utilization Review Committee)*

1. If there is one preferred agent in the preferred category, the patient must have experienced an inadequate response to a trial of the one preferred agent at a maximum tolerated dose before receiving a non-preferred agent, unless there is a documented intolerance or contraindication to the preferred agent.
  - Prior authorization will require documentation of the previous medication trial and dates of the corresponding trial.

**OR**

2. If there are two or more agents in the preferred category, the patient must have experienced an inadequate response to a trial of two or more preferred agents at their maximum tolerated doses before receiving a non-preferred agent, unless there is a documented intolerance or contraindication to two or more preferred agents.
  - Prior authorization will require documentation of the previous medication trials and dates of the corresponding trials.

**OR**

3. Absence of appropriate formulation or indication of the drug.
  - Requests for oral, non-solid dosage forms will only be considered for patients who are unable to swallow solid oral dosage forms (i.e. tablets, capsules) due to age  $\leq 6$  years, dysphagia or presence of a feeding tube.
  - If one or more of the preferred agents is a capsule whose contents can be opened and sprinkled into soft food based on package insert recommendations, patients > 1 year of age will be expected to have a trial and failure of the preferred agent(s)'s capsule dosage form unless there is a documented intolerance or contraindication (i.e. dysphagia, feeding tube).

APPROVED PA Criteria

- i. Medications that can be opened and sprinkled into soft food prior to administration will be noted on the preferred drug list by an asterisk (\*).
- Prior Authorization may be approved for the term stated in drug-specific or class-specific clinical prior authorization criteria if applicable, or if no existing clinical criteria for up to one year time period.
- If there has been no change in the Preferred Drug List (what would indicate further review), renewals may be approved for an additional one year period.

**Adjunct Antiepileptic PDL criteria:** Physician may document one of the 3 criteria as noted above or a pre-existing or co-morbid condition that exists to contraindicate the use of a preferred drug.

Third Party Liability (TPL) payment indicated on claim will exempt prior authorization requirement.

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Drug Utilization Review Committee Director

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Pharmacy Program Manager,  
Division of Health Care Finance  
Kansas Department of Health and Environment

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Date

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Date