

CRITERIA FOR PRIOR AUTHORIZATION

Brand Medical Necessity Prior Authorization

BILLING CODE TYPE For drug coverage and provider type information, see the [KMAP Reference Codes webpage](#).

MANUAL GUIDELINES Prior authorization will be required for all active drugs that are multi-source brand products.

GENERAL CRITERIA FOR INITIAL PRIOR AUTHORIZATION: (must meet all of the following)

- Dispensing of generic medications* are required. Exceptions will be made when no authorized generics exist AND the prescriber provides details of at least ONE of the following:
 - **Serious Adverse reaction or allergic reaction** to a generic product that meets at least ONE of the following:
 - Rash or hives**
 - Life threatening
 - Hospitalization
 - Disability
 - Required intervention to prevent impairment or damage.
 - **Therapeutic failure** that is supported by laboratory confirmation of suboptimal drug plasma concentrations when compared to published pharmacokinetic profiles for the brand name drug (or reference-listed drug).

Note: Patient must use an authorized generic (if one exists), instead of the brand-name product.

*Generic medications include:

- All therapeutically equivalent products or interchangeable biologic products as found in the FDA’s publication *Approved Drug Products with Therapeutic Equivalence Evaluations* (also known as the Orange Book) or the *Database of Licensed Biological Products* (also known as the Purple Book).
- Authorized generics, such as those that are filed under the same new drug application (NDA) or biologics license application (BLA) with the FDA.

**Applies only when the rash or hives would not otherwise be expected to occur in the brand product.

LENGTH OF APPROVAL: Lifetime (for the specified product), unless an authorized generic becomes available.

DRUG UTILIZATION REVIEW COMMITTEE CHAIR

PHARMACY PROGRAM MANAGER
DIVISION OF HEALTH CARE FINANCE
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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