

CRITERIA FOR Non-Preferred PDL Drugs

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 the requested non-preferred PDL drug(s) also requires a clinical PA, the patient must also meet clinical criteria. Clinical criteria are available at http://www.kdheks.gov/hcf/pharmacy/pa_criteria.htm

AND

2. 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

3. 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

4. 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 ≤ 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

APPROVED PA Criteria

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).

- 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 (*).
- Requests for nebulized formulations of inhaled agents will be considered for patients who have an inability to effectively utilize an agent in an inhaler formulation due to age <5 years, neuromuscular or cognitive disability, or other evidence of lack of response to the inhaled formulation supported by clinical documentation.
- Initial 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, then for up to one-year time period.
- Renewal Prior Authorization length of approval follows the clinical prior authorization criteria, unless otherwise specified.
 - A list of PDL classes no longer requiring annual PA renewal for Non-Preferred PDL Drugs, can be found on page 3.

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.

PDL Classes Without Annual PA Renewal

Inhalation Agents

Anticholinergics for the Maintenance Treatment of COPD
Beta2-Agonists - Long-Acting
Beta2-Agonists - Short-Acting
Beta2-Agonists - Long-Acting/Anticholinergics
Beta2-Agonists - Long-Acting/Corticosteroids
COPD Agents – Triple Therapy
Corticosteroids
Tobramycin Products

Intranasal Agents

Antihistamines
Corticosteroids

Ophthalmic Agents

Alpha-Adrenergic Agonists
Antihistamines/Mast Cell Stabilizers
Beta-Blockers
Carbonic Anhydrase Inhibitors
Corticosteroids
Glaucoma Combination Products
Prostaglandin Analogs

Otic Agents

Anti-Infective/Steroid Combinations

Oral/Injectable/Topical Agents

ACE Inhibitors	Bile Acid Sequestrants	Methotrexate Products
ACE Inhibitor/Calcium Channel Blocker Combinations	Bisphosphonates	Muscle Relaxants – Skeletal
Acne Agents – Antibiotics- Topical	Calcium Channel Blockers – Dihydropyridines	Muscle Relaxants – Spasticity
Acne Agents – Combination Agents- Topical	Calcium Channel Blockers - Non-Dihydropyridines	Non-Steroidal Anti-Inflammatory Drugs – Topical
Acne Agents – Isotretinoin Products	Colchicine Products – Gout Prophylaxis	Non-Steroidal Anti-Inflammatory Drugs - Oral
Acne Agents – Other - Topical	Corticosteroids – Oral	Pancreatic Enzyme Replacements
Acne Agents – Retinoids- Topical	Corticosteroids – Topical – High Potency	Phosphate Binder Agents
Acne Agents – Tetracyclines - Oral	Corticosteroids – Topical –Intermediate Potency	Platelet Aggregation Inhibitors - Secondary Cardiac
Actinic Keratosis Agents	Corticosteroids – Topical –Mild Potency	Prevention
5-Alpha Reductase Inhibitors	COX-II Inhibitors	Platelet Aggregation Inhibitors – Stroke
Alpha glucosidase Inhibitors	Desmopressin Products	Proton Pump Inhibitors
Anaphylaxis Agents	Fibric Acid Derivatives	Sleep Agents – Scheduled - Non-Benzodiazepine
Anticoagulants	H ₂ Antagonists	Statins
Anti-emetics Serotonin 5HT ₃ Antagonists	Hypertriglyceridemia Agents	Statin Combination
Antihistamines - Non-Sedating	Inflammatory Bowel Disease Agents – Oral	Thiazolidinediones
ARBs	Insulin - Long-Acting	Triptans
ARB/Calcium Channel Blocker Combinations	Insulin- Short Acting and Intermediate Acting	Xanthine Oxidase Inhibitor
Beta-Blockers	Meglitinides	