Continuation of Therapy Prior Authorization Criteria

August 2026

Definition

Biosimilar Substitution: Dispensing a biosimilar product rather than the reference biologic product.

Cash Pay: Allowing a member to pay for the entire cost of a non-covered prescription, after a member, in consultation with the prescriber and the pharmacist, has decided that covered alternatives are not options. A member may pay for the entire cost of a non-covered controlled substance prescription, including gabapentin, only when the member meets all conditions specified in the Advanced Recipient Notice of Non-Covered Prescription Form (DHS-3641-ENG)

Continuation of Therapy: Allowing a member who has been stabilized on a medication that requires prior authorization, but was previously covered by another payer (i.e., commercial insurance, MCO Medicaid plans), to continue the therapy without the prescriber having to satisfy the fee-for-service prior authorization criteria.

Free goods/pharmaceutical samples: Medication samples, medications obtained from any patient assistance programs, medications obtained through free trial programs, manufacturer vouchers, coupons or debit cards.

Generic Substitution: Dispensing a generically equivalent drug rather than the brand name drug.

Continuation of Therapy criteria

Continuation of Therapy override may be approved for nonpreferred or restricted drugs if the following conditions are met:

- The requested nonpreferred or restricted drugs are not excluded from coverage (e.g., drugs for weight loss, drugs for erectile dysfunction) AND
- The requested nonpreferred or restricted drugs are prescribed for a medically accepted indication as defined in Sec. 1927 of the Social Security Act AND
- The member has been treated with a nonpreferred or restricted drug at a consistent dosage for at least 90 days and the prescriber indicates (orally or in writing) that the prescribed medication will best treat the member's condition AND
- The pharmacy or prescriber must provide an attestation that the medication was covered by another payer and not obtained via cash pay, drug manufacturer-issued debit cards, or via free goods/pharmaceutical samples.

Continuation of Therapy may be approved for the following duration:

- Continuation of Therapy override may be approved for up to 90 days. After 90 days, the prescriber must obtain prior authorization for the nonpreferred or restricted drug or transition the member to an alternative therapy. Multiple Continuation of Therapy overrides will not be approved for the same drug OR
- If the member has received a prescribed drug to treat a mental illness or emotional disturbance as defined by Minnesota Statute 62Q.527, the member may continue to receive coverage for such prescribed drugs for up to one year.

Continuation of Therapy criteria overrides are not available to bypass generic or biosimilar substitution (if applicable).

Free goods/Pharmaceutical Samples Policy

The use of free goods or pharmaceutical samples will not be considered as meeting the 90-day treatment requirement for Continuation of Therapy overrides. A member, after meeting all conditions for cash pay, must pay for the entire cost of the non-covered prescription.