

STEP THERAPY CRITERIA

GLOBAL POST STEP THERAPY AND NON-FORMULARY CRITERIA

Status: CVS Caremark Criteria

Type: Post Step Therapy Authorization

POLICY

COVERAGE CRITERIA

The requested drug will be covered with prior authorization when the following criteria are met:

- The requested drug is being used for an FDA-approved indication or an indication supported in the compendia of current literature (examples: AHFS, Lexicomp, Clinical Pharmacology, Micromedex, current accepted guidelines)
AND
- The prescribed quantity fall within the manufacturer's published dosing guidelines or within dosing guidelines found in the compendia of current literature (examples: package insert, AHFS, Lexicomp, Clinical Pharmacology, Micromedex, current accepted guidelines)
AND
- The requested drug is a brand drug that has a generic equivalent or biosimilar available **AND**
 - The patient had a trial and failure of the generic equivalent or biosimilar due to an adverse event (examples: rash, nausea, vomiting, anaphylaxis) that is thought to be due to an inactive ingredient**OR**
- The patient tried the alternate drug while covered by the current or the previous health benefit plan
OR
- The alternate drug caused or is reasonably expected to cause a harmful or adverse clinical reaction in the patient
OR
- The patient previously used the alternate drug and it has been detrimental to the patient's health or has been ineffective in treating the same condition and is likely to be detrimental to the patient's health or ineffective in treating the condition again

REFERENCE

1. State of North Carolina SB 361. June 2020.