

Reference number(s)
4885-D

# Post Step Therapy Prior Authorization

## Global Step Therapy Mississippi

### Coverage Criteria

Authorization may be granted for the requested drug when ALL of the following criteria are met:

- The requested drug is being prescribed for an FDA-approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines).
- The prescribed dose and quantity fall within the FDA-approved labeling OR within dosing guidelines found in the compendia of current literature.
- The patient meets ONE of the following criteria:
  - The alternate drug has been ineffective in the treatment of the patient’s disease or medical condition, based on sound clinical evidence.
  - The alternate drug is expected or likely to be ineffective based on the known relevant physical or mental characteristics of the patient and known characteristics of the drug regimen, based on sound clinical evidence.
  - The alternate drug will cause or will likely cause an adverse reaction or other physical harm to the patient.

### Duration of Approval (DOA)

- 4885-D: DOA: 12 months or appropriate duration for requested drug

### References

1. Mississippi MS Code § 83-9-36. 2012.