

Reference number(s)
5034-A

Initial Prior Authorization Continuity of Care Colorado, Illinois, Indiana, Mississippi, Montana, Tennessee, Vermont, Wyoming

Coverage Criteria

Wyoming – Step Therapy Protocol

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

- The request is for a patient enrolled in a plan subject to Wyoming state regulations.
- The plan requires a step therapy protocol for the requested drug.
- The patient, while under their current or a previous health benefit plan, used the prescription drug required by the step therapy protocol, or another drug in the same pharmacologic class with a similar efficacy and side effect profile or with the same mechanism of action, and discontinued use due to lack of efficacy, effectiveness, an adverse event or contraindication.

New to Plan

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

- The patient is new to the plan within the last 90 days.
- The patient has been receiving the requested drug within the last 120 days.
- The requested drug has been received through a paid pharmacy or medical benefit AND approved for coverage previously by a prior plan. [NOTE: Approval can be considered for a different strength of the previously approved drug. Approval can be considered for a generic drug if the previous approval was for the brand drug. However, approval will not be considered for a brand drug if the previous approval was for the generic drug.]

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Duration of Approval (DOA)

- 5034-A: DOA: New to Plan: 3 months; Wyoming - Step Therapy Protocol: 12 months or appropriate duration for requested drug.

References

1. Illinois HB 711. Prior Authorization Reform Act. August 2021.
2. Mississippi SB 2140. February 2024.
3. Tennessee HB 855. May 2023.
4. Wyoming HB 14. March 2024.
5. Colorado SB 93. April 2024.
6. Vermont H 766. May 2024.
7. Indiana S 480. May 2025.
8. Montana HB 398. May 2025.