Reference number(s)
4883-D

Post Step Therapy Prior Authorization Global Step Therapy Nebraska

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:
    - The request is for a brand drug that has a generic equivalent available and the following criteria is met:
        - The patient experienced a trial and failure of the generic equivalent due to an adverse event (examples: rash, nausea, vomiting, anaphylaxis) that is thought to be due to an inactive ingredient
    - The alternate drug is contraindicated pursuant to the drug manufacturer's prescribing information for the drug or, due to a documented adverse event with a previous use or a documented medical condition, including a comorbid condition is likely to do ANY of the following: cause an adverse reaction, decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities, cause physical or mental harm to the patient
    - The alternate drug is expected to be ineffective based on the known clinical characteristics of the patient, such as the patient's adherence to or compliance with the plan of care, and ANY of the following: the known characteristics of the prescription drug regimen as described in peer-reviewed literature or in the manufacturer's prescribing information for the drug, the health care provider's medical judgement based on clinical practice guidelines or peer-reviewed journals, the patient's documented experience with the prescription drug regimen
    - The patient had a trial of a therapeutically equivalent dose of the alternate drug while under the patient's current or previous health benefit plan for a period of time to allow

for a positive treatment outcome, and such was discontinued due to lack of effectiveness

- The patient is currently receiving a positive therapeutic outcome on the prescription drug selected by their health care provider for the medical condition under consideration while under the patient's current or previous health benefit plan [NOTE: Pharmaceutical drug samples may not be used to meet the requirements of trial and failure of an alternate drug.]

Duration of Approval (DOA)

- 4883-D: DOA: 12 months or appropriate duration for requested drug

References

1. Nebraska Legislative Bill 337. March 2021.