

Post Step Therapy Authorization

Global Step Therapy Arizona

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 alternate drug is contraindicated or will likely cause a serious adverse reaction or physical or mental harm to the patient.
 - The alternate drug is expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the prescription drug regimen.
 - The patient has tried the alternate drug while under the patient's current or previous health care plan, or another prescription drug in the same pharmacologic class with a similar efficacy and side effect profile or with the same mechanism of action, the patient's adherence during the trial was for a period of time sufficient to allow for a positive treatment outcome and it was discontinued due to lack of efficacy or effectiveness, an adverse event, or a contraindication.
 - The alternate drug is NOT in the best interest of the patient based on medical necessity, because the patient's use of the drug is expected to cause ANY of the following: a barrier to the patient's adherence to or compliance with the plan of care, a negative impact on the patient's comorbid conditions, a clinically predictable negative drug interaction, a decrease in the patient's ability to achieve or maintain a reasonably functional ability in performing daily activities for which the patient has experienced a positive therapeutic outcome.
 - The patient has experienced a positive therapeutic outcome on the prescribed drug selected by the patient's health care provider for the medical condition under consideration while on the patient's current or previous healthcare plan. [NOTE:

Reference number(s)
5196-D

Pharmaceutical drug samples may not be used for the purpose of qualifying for an exception to the step therapy protocol.]

Duration of Approval (DOA)

- 5196-D: DOA: 12 months or appropriate duration for requested drug

References

1. State of Arizona Senate Bill 1270. July 2021.