

# Post Step Therapy Authorization

## Global Step Therapy Indiana

### 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 it be likely to cause an 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 alternate drug as found in sound clinical evidence.
  - The patient has previously received the alternate drug or another prescription drug in the same pharmacologic class or that has the same mechanism of action, and it was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.
  - The alternate drug is NOT in the best interest of the patient because the alternate drug is expected to do ANY of the following: create a significant adherence or compliance barrier for the patient's plan of care, worsen a comorbid condition, decrease the ability of the patient to achieve or maintain reasonable functional ability in performing daily activities.

### Duration of Approval (DOA)

- 2512-D: DOA: 12 months appropriate duration for requested drug

Reference number(s)
2512-D

# References

1. State of Indiana Mandate Senate Bill 41. July 2016.