

Post Step Therapy Prior Authorization Global Step Therapy Oklahoma

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 and ONE of the following criteria is met:
 - The alternate drug is contraindicated or will likely 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 prescription drug.
 - The patient tried the alternate drug while under the patient's current or a previous health insurance plan 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 based on medical necessity.
 - The patient is stable on the requested drug for the medical condition for which it is being prescribed.

Duration of Approval (DOA)

- 3105-D: DOA: 12 months, or appropriate duration for requested drug

References

1. State of Oklahoma Senate Bill 509. April 2019.