Reference number(s)
3425-D

Post Step Therapy Authorization
Universal States Mandate Step Therapy

Coverage Criteria

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

- The requested drug is being used 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 criteria:
    - If the patient resides in Maryland, then ONE of the following criteria are met:
        - The alternate drug is NOT FDA-approved for the medical condition being treated
        - The prescriber has provided proof, documented in the patient's chart notes, indicated that the requested drug was ordered for the patient in the past 180 days AND in their opinion the requested drug is effective for the patient's condition
    - ANY of the following conditions are met for the alternate drug: the alternate drug is contraindicated, the alternate drug is likely to cause an adverse reaction or physical or mental harm or decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities, the alternate drug is expected to be ineffective, the alternate drug or a drug in the same class or with the same action was previously tried and was stopped due to ineffectiveness or an adverse event, use of the alternate drug is not in the patient's best interest, the alternate drug was tried while covered by the current or the previous health benefit plan
    - The patient is stable OR currently receiving a positive therapeutic outcome with the requested drug and a change in the prescription drug is expected to be ineffective or cause harm to the patient
    - The requested prescription drug is necessary to save the life of the patient
    - The requested drug is being prescribed for postpartum depression and the following criteria is met:
        - The alternate prescription drug for postpartum depression under the step therapy or fail first protocol is not indicated by the United States Food and Drug

Administration for postpartum depression on the prescription drug's approved labeling

Duration of Approval (DOA)

- 3425-D: DOA: 12 months or appropriate duration for requested drug

References

1. Colorado Mandate Senate Bill 203. September 2017.
2. Colorado House Bill 22-1370. May 2022.
3. Delaware House Bill 105. June 2019.
4. Georgia House Bill 63. April 2019.
5. Illinois Mandate House Bill 3549. January 2018.
6. Indiana Mandate Senate Bill 41. July 2016.
7. Iowa Mandate HF233. May 2017.
8. Maine H.P. 751-L.D. 1009. June 2019.
9. Maryland Mandate Senate Bill 919 (§15–142 C1, C2). October 2017.
10. Maryland House Bill 785 revisions. May 2023.
11. Minnesota HF 3196. May 2018.
12. New Mexico Mandate Senate Bill 11. March 2018.
13. New York Mandate S3419-C. January 2017.
14. Ohio Senate Bill 265. January 2019.
15. Oklahoma Senate Bill 509. April 2019.
16. Texas Mandate SB 680. September 2017.
17. Virginia House Bill 2126. March 2019.
18. West Virginia Mandate House Bill 2300. June 2017.
19. Wisconsin Senate Bill 26. July 2019.
20. South Dakota Senate Bill 155. March 2020.
21. Louisiana House Bill 263. June 2020.
22. North Carolina SB 361. June 2020.
23. Arkansas Senate Bill 99. February 2021.
24. Nebraska Legislative Bill 337. March 2021.
25. Oregon House Bill 2517. May 2021.
26. Missouri House Bill 432. July 2021.
27. Kentucky 304.17A-163. July 2012.
28. Mississippi MS Code § 83-9-36. 2012.
29. California Assembly Bill 347. October 2021.
30. Arizona SB 1270. July 2021.
31. Tennessee Senate Bill 1310. May 2022.

32. Kentucky SB 140. March 2022.
33. Massachusetts House No. 4929. November 2022.
34. Nevada Senate Bill No. 194. June 2023.
35. Louisiana Senate Bill 148. May 2024.
36. Vermont H 766. May 2024.
37. Kentucky HB 220. March 2024.