Reference number(s)
2338-D

Post Step Therapy Prior Authorization Global Step Therapy Iowa, South Dakota

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 request is for a brand drug that has a generic equivalent or interchangeable biological product available and the following criteria is met:
        - The patient had a trial and failure of the generic equivalent or interchangeable biological product 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 for the patient according to the drug's prescribing information, or there is a documented adverse event with previous use or a documented medical condition, including a comorbid condition, which is likely to do any of the following: cause an adverse reaction, decrease the ability of the patient to achieve or maintain reasonable functional ability in performing daily activities, cause mental or physical harm
    - The alternate drug is expected to be ineffective based on the known clinical characteristics of the covered person, such as the covered person's adherence to or compliance with the covered person's individual plan of care, and any of the following: the characteristics of the drug regimen described in peer-reviewed literature or in the manufacturer's prescribing information, the health professional's medical judgement based on clinical practice guidelines or peer-reviewed journals, the patient's documented experience with the prescription drug regimen
    - The patient experienced an inadequate treatment response to a therapeutically equivalent dose of the alternate drug under the current or previous health plan for a period of time to allow for a positive treatment outcome and it was discontinued by the health care professional due to lack of effectiveness

- The patient is currently receiving a positive therapeutic outcome on the requested drug as prescribed by their health care professional

Duration of Approval (DOA)

- 2338-D: DOA: 12 months, or appropriate duration for requested drug

References

1. State of Iowa Mandate HF233. May 2017.
2. State of South Dakota SB 155. March 2020.