

Post Step Therapy Authorization Global Step Therapy Illinois

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 for the patient.
 - The patient tried the alternate drug and it was ineffective, or the patient was intolerant to the drug. [ACTION REQUIRED: Documentation is required for approval.]
 - The patient is currently stable on the requested drug.

Duration of Approval (DOA)

- 2511-D: DOA: 12 months or appropriate duration for requested drug

References

1. State of Illinois Mandate House Bill 3549. January 2018.