

# Post Step Therapy Prior Authorization

## Global Step Therapy Georgia

### 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 or will 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 condition of the patient and the known characteristics of the prescription drug regimen
  - The patient has tried the alternate drug or another prescription drug in the same pharmacological class or with the same mechanism of action as the requested drug while on their current or immediately preceding health plan and it was discontinued due to lack of efficacy, diminished effect, or an adverse event [Note: Pharmaceutical drug samples are not considered trial and failure of an alternate drug.]
  - The patient is 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

### Duration of Approval (DOA)

- 3106-D: DOA: 12 months, or appropriate duration for requested drug

# References

1. State of Georgia House Bill 63. April 2019.