Reference number(s)
3145-D

Post Step Therapy Prior Authorization Global Step Therapy Virginia

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.
  - The alternate drug is expected to be ineffective based on the known clinical characteristics of the patient and the prescription drug regimen.
  - The patient has tried the alternate drug while on their current or previous health benefit plan and it was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event. [NOTE: Pharmaceutical drug samples are not considered trial and failure of a preferred drug.]
  - The patient is currently receiving a positive therapeutic outcome with the requested drug for their medical condition.

Duration of Approval (DOA)

- 3145-D: DOA: 12 months

References

1. State of Virginia House Bill 2126. March 2019.