Reference number(s)
4886-D

Post Step Therapy Prior Authorization Global Step Therapy Kentucky

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 criteria:
  - The alternate drug is contraindicated or will likely cause an adverse reaction by physical or mental harm to the patient.
  - The alternate drug is expected to be ineffective based on the known clinical characteristics of the patient and the prescription drug regimen.
  - The alternate drug is NOT in the best interest of the patient because it is expected to do ANY of the following: cause a significant barrier to adherence to or compliance with the plan of care, worsen a comorbid condition, decrease the ability to achieve or maintain reasonable functional ability in performing daily activities.
  - The patient has tried the alternate drug while under the current or a previous health insurance or health plan, or another prescription drug in the same pharmacologic class or with the same mechanism of action, and it was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event.
  - The patient is stable on the requested drug for the condition under consideration while under a current or previous health plan.

Duration Of Approval (DOA)

- 4886-D: DOA: 12 months or appropriate duration for requested drug

References

1. Kentucky 304.17A-163. July 2012.
2. Kentucky SB 140. March 2022.
3. Kentucky HB 220. March 2024.