Reference number(s)
4905-D

Post Step Therapy Prior Authorization
Global Step Therapy Alaska, Missouri

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 patient has tried the alternate drug while under the patient's current or previous health insurance or health benefit plan, and it was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event. [NOTE: Pharmaceutical drug samples shall not be considered trial and failure of a preferred prescription drug in lieu of trying the step therapy required prescription drug.]
  - The requested prescription drug is necessary to save the life of the patient.

Duration of Approval (DOA)

- 4905-D: DOA: 12 months or appropriate duration for the requested drug

References

1. Missouri House Bill 432. July 2021.
2. Alaska Senate Bill 133. July 2025.