

Post Step Therapy Prior Authorization

Global Step Therapy New York

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 and the following criteria is met:
 - The patient had a trial and failure of the generic equivalent due to an adverse event (examples: rash, nausea, vomiting anaphylaxis) that is thought to be due to an inactive ingredient
 - The alternate drug(s) is contraindicated or will likely cause an adverse reaction or physical or mental harm to the patient.
 - The alternate drug(s) is expected to be ineffective based on the known clinical history and conditions of the patient or the patient's prescription drug regimen.
 - The patient has tried the required alternate drug(s) while under their current or a previous insurance or benefit plan, or another prescription drug(s) in the same pharmacologic class or with the same mechanism of action and the tried drug(s) 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 medical condition for which it is being prescribed
 - The alternate drug(s) is NOT in the best interest of the patient because it will likely cause a significant barrier to the patient's adherence or compliance with the patient's plan of care, will likely worsen a comorbid condition of the patient, or will likely decrease the covered patient's ability to achieve or maintain reasonable functional ability in performing daily activities.

Reference number(s)
2198-D

Duration of Approval (DOA)

- 2198-D: DOA: 12 months, or appropriate duration for requested drug

References

1. State of New York Mandate S3419-C. January 2017.