APPROVAL CRITERIA

Health care providers may request an exception to step therapy edits at any time for a Connecticut member by indicating the drug regimen required under step therapy:

I. Have been ineffective in the past for treatment of the medical condition; OR
II. Are expected to be ineffective based on the known relevant physical or mental characteristics of the individual and the known characteristics of the drug regimen; OR
III. Will cause or will likely cause an adverse reaction by or physical harm to the individual; OR
IV. Are not in the best interest of the individual, based on medical necessity.