

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.

Health care providers may request an exception to step therapy edits at any time for a **Nevada** fully insured member by documenting that:

A. The drug regimen required under step therapy:

- I. Is contraindicated or will likely cause an adverse reaction or physical or mental harm to the member; **OR**
- II. Is expected to be ineffective based on the known clinical characteristics of the member and the known characteristics of the required prescription drug; **OR**
- III. Has been tried by the member, regardless of whether the member was covered by the current policy of health insurance at the time, and was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event relating to the prescription drug; **OR**
- IV. Is not in the best interest of the insured, based on medical necessity.

OR

- B. The member is stable on a prescription drug selected by their attending practitioner for the medical condition under consideration.