MISCELLANEOUS DRUG CRITERIA

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

REVIEW CRITERIA:

1. Is there any reason the patient cannot be changed to a preferred medication? Acceptable reasons include:
   a. Allergy to preferred medications
   b. Contraindication to preferred medications
   c. History of serious reaction (i.e. anaphylaxis, seizure) to preferred medications

2. The requested medication may be approved if both of the following are true:
   a. If there has been a therapeutic failure to preferred medications

   AND

   b. The requested medications corresponding generic (if a generic is available and preferred) has been attempted and failed or is contraindicated

   If any of the above reasons apply, supporting documentation (i.e. progress notes, diagnostics evaluations, lab results . . .) must be submitted with a prior authorization form and a copy of the prescription.

3. Requests for a non-preferred dosage form will be reviewed based upon specific criteria. The list of preferred medications may be reviewed at the website below:

   http://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/fmpdl.shtml

   Some medications within these classes may have specific criteria:

   http://www.fdhc.state.fl.us/Medicaid/Prescribed_Drug/drug_criteria.shtml

   - 5-ASA Derivatives
   - Acne Medications
   - Alzheimer’s Agents
   - Analgesics:
     o Narcotics
     o NSAIDS
     o Salicylates
     o Topicals
- Antianxiety Agents
- Antibiotics
- Anticholinergics-Inhaled for COPD
- Antidepressants:
  - Age > 6 years
- Antifungals:
  - Oral
  - Topical
- Antihistamines-Second Generation
- Antihyperlipidemetics
- Antimigraine Agents-Triptans
- Antinausea Agents:
  - Injectables
  - Oral, Rectal and Topical
- Antineoplastics (oral)
- Antipsychotics:
  - Atypicals (Age 18+)
  - Typicals (Age 18+)
- Antivirals:
  - Herpes
  - Influenza
- Attention Deficit Disorder
- Beta-Agonists-Inhaled:
  - Short-Acting
- Bone Resorption Inhibitors
- Central Precocious Puberty Agents
- Gastrointestinals-H2RAs
- Glaucoma Agents
- Glucocorticoids-Oral
- Granulocyte Colony Stimulating Factors
- Hematopoietic Agents
- Heparin-Low Molecular Weight Agents
- Hypoglycemics-Oral
### Hypotensives:
- Ace Inhibitors, ARBs and combination products
- Beta Blockers
- Calcium Channel Blockers
- Sympatholytics

### Insulins

### Intranasal Agents to Treat Rhinitis

### Leukotriene Inhibitors

### Ophthalmic Agents:
- Antihistamines
- NSAIDs
- Quinolones

### Otic Antibiotics

### Parkinson’s Agents

### Proton Pump Inhibitors

### Pulmonary Hypertension Agents

### Scabicidals and Pediculicides

### Sedative Hypnotics

### Skeletal Muscle Relaxants

### Steroids-Inhaled

### Urinary Antispasmodics