



Division: Pharmacy Policy	Subject: Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	November 16, 2012 May 16, 2017, , June 4, 2020

MISCELLANEOUS DRUG CRITERIA

LENGTH OF AUTHORIZATION: UP TO ONE YEAR

INITIAL REVIEW CRITERIA:

- The patient has tried and failed medications on the Preferred Drug List or there is a reason (allergy, contraindication) that preferred drugs cannot be used.
- Documentation of previous trials such as progress notes, diagnostic evaluations and lab results are required.
- If the request is for a brand name drug and the generic is preferred, a trial of the generic drug or rationale why the generic cannot be used is required.
- The drug is requested for a medically accepted indication.
- Dosage and administration does not exceed FDA approved maximum for the patient's indication.

CONTINUATION OF THERAPY:

- The patient met initial review requirements.
- Clinical response to therapy submitted (supporting documentation required).
- Dosage and administration does not exceed FDA approved maximum for the patient's indication.

The list of preferred medications may be reviewed at the website below:

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

If no specific criteria or form is listed for the drug or its class on the following link below, then utilize the miscellaneous drug criteria.

http://ahca.myflorida.com/Medicaid/Prescribed_Drug/drug_criteria.shtml