

Post Step Therapy Prior Authorization Global Step Therapy Exemption Florida

Coverage Criteria

Authorization may be granted for the requested drug when ONE of the following criteria are met:

- The requested drug has been dispensed at a pharmacy AND approved for coverage by a prior plan in the immediate past 90 days. [NOTE: If yes, then documentation supporting a paid claim in the immediate past 90 days is required. Verbal documentation is not permitted.] In addition, the patient meets the following criteria:
 - The patient received a step therapy approval for the requested drug by a prior plan. [NOTE: Approval can be considered for a different strength of the previously approved drug. Approval can be considered for a generic drug if the previous approval was for the brand drug. However, approval will not be considered for a brand drug if the previous approval was for the generic drug.]
- The requested drug is being used for an FDA-approved indication OR an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines) and ALL of the following criteria are met:
 - The prescribed dose and quantity fall within the FDA-approved labeling OR within dosing guidelines found in the compendia of current literature.
 - The patient meets ONE of the following:
 - The patient experienced an inadequate treatment response to a preferred drug.
 - The patient experienced an intolerance to a preferred drug.
 - The patient has a contraindication that would prohibit a trial of a preferred drug.

Duration of Approval (DOA)

- 3209-D: DOA: 12 months or appropriate duration for requested drug

Reference number(s)
3209-D

References

1. 2019 FL HB 843. June 2019.