Reference number(s)
REG 3209-D

Post Step Therapy Prior Authorization 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

References

1. 2019 FL HB 843. June 2019.

Document History

Written by: UM Development (JK)

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MDC: REG

CRITERIA FOR APPROVAL

1	Has 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.] [If Yes, then go to 2. If No, then go to 3.]	Yes	No
2	Has the requested drug 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.] *ACTION REQUIRED: Submit supporting documentation* [If Yes, then no further questions. If No, then go to 3.] Tech Note: Claim history of a paid claim from a prior plan is an acceptable form of documentation, if available.	Yes	No

3	Is the requested drug being used for an FDA-approved indication or an indication supported in the compendia of current literature (examples: AHFS, Micromedex, current accepted guidelines)? [If Yes, then go to 4. If No, then no further questions.]	Yes	No
4	Does the prescribed dose and quantity fall within the FDA-approved labeling or within dosing guidelines found in the compendia of current literature? [If Yes, then go to 5. If No, then no further questions.]	Yes	No
5	Has the patient experienced an inadequate treatment response to a preferred drug? [If Yes, then no further questions. If No, then go to 6.]	Yes	No
6	Has the patient experienced an intolerance to a preferred drug? [If Yes, then no further questions. If No, then go to 7.]	Yes	No
7	Does the patient have a contraindication that would prohibit a trial of a preferred drug? [No further questions]	Yes	No

Mapping Instructions			
	Yes	**No**	**DENIAL REASONS**
1.	Go to 2	Go to 3	
2.	[PA approved for 12 months or appropriate duration for requested drug]. Approve, Variable Duration - Specify in Approval Note	Go to 3	

3.	Go to 4	Deny	Your plan only covers this drug when it is used for certain health conditions. Covered use is for when the FDA (United States Food and Drug Administration) has approved the drug for your health condition, or professional medical sources tell us that the drug works well for your condition. Your plan does not cover the drug for your health condition that your doctor told us you have. We reviewed the information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review. [Short Description: Diagnosis]
4.	Go to 5	Deny	We have denied your request because it is for more than the amount your plan covers (quantity limit). Your plan only covers this drug when the dose and amount fall within labeling or guidelines. We reviewed information we had. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review. [Short Description: Quantity, Exceeds max limit]
5.	[PA approved for 12 months or appropriate duration for requested drug]. Approve, Variable Duration - Specify in Approval	Go to 6	

	Note		
6.	[PA approved for 12 month(s) or appropriate duration for requested drug]. Approve, Variable Duration - Specify in Approval Note	Go to 7	
7.	[PA approved for 12 months or appropriate duration for requested drug]. Approve, Variable Duration - Specify in Approval Note	Deny	Your plan only covers this drug when A) You have tried another drug that your plan covers, and it did not work well for you, or B) Your doctor gives us a medical reason you cannot take it. We reviewed the information we had. Your request has been denied. You do not meet these conditions. Your request has been denied. Your doctor can send us any new or missing information for us to review. For this drug, you may have to meet other criteria. You can request the drug policy for more details. You can also request other plan documents for your review. [Short Description: Step therapy exception not met]