



Division: Pharmacy Policy	Subject: State of Florida's Agency for Health Care Administration's Prior Authorization Criteria
Original Development Date: Original Effective Date: Revision Date:	May 4, 2012; September 2012, April 12, 2016, May 16, 2018, December 7, 2021

## HIV DIAGNOSIS VERIFICATION– AUTO PA

In accordance to Florida Statutes 409.912(5)(a)1., HIV/AIDS-related anti-retroviral medications are excluded from the Preferred Drug List.

All incoming fee-for-service pharmacy claims for HIV/AIDS-related anti-retroviral drugs must have specific (HIV/AIDS) diagnosis codes in the medical history, otherwise, the claims will deny at point-of sale. Exceptions are made for children younger than one year old and assault victims. For pre-exposure prophylaxis therapies, providers must demonstrate implementation of comprehensive HIV prevention services as per the CDC guidance: <http://www.cdc.gov/nchhstp/newsroom/images/CDC-Interim-PrEP-Guidance.jpg>

Providers are advised to update the recipients' diagnosis codes when billing for office visits or other related services. However, to ensure initiation or continuation of treatment is not delayed, recipients or providers who verbally attest to an HIV/AIDS diagnosis, will be granted a one month supply of the medication(s). This will allow time for the diagnosis codes to be updated or the HIV Diagnosis Verification prior authorization form to be submitted to Medicaid.

Note: Fuzeon, Selzentry, and Serostim have their own clinical prior authorization form.

Prior Authorization forms and criteria are located at the following website:  
[http://ahca.myflorida.com/medicaid/Prescribed\\_Drug/drug\\_criteria.shtml](http://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria.shtml)