

## MiChild Formulary Information

MiChild provides prescription drug coverage and includes medications on the Molina Healthcare Formulary with a few exceptions. Please refer to the Molina Healthcare website at: [www.molinahealthcare.com/Providers/Michigan/Drug](http://www.molinahealthcare.com/Providers/Michigan/Drug) list for the most up to date and comprehensive information on MiChild prescription coverage. In addition, Formulary questions may be directed to Molina Healthcare Pharmacy Services at 1-888-898-7969 Monday through Friday 8 am to 5 pm (EST).

### **Differences between Molina MiChild drug formulary and Molina Medicaid drug formulary:**

**Antibiotics** – Formulary antibiotic suspensions are covered without age limitations. Quantity limits still apply. Please refer to the Formulary for a complete list of Formulary medications in this category.

**Asthma Therapy** - Molina Healthcare encourages the use of inhaled corticosteroids (QVAR preferred) as an important component of treatment of asthma. However, if necessary, Singulair chew tabs and tablets are covered without age limitations. Quantity limits still apply.

**Estrogen Replacement Therapy** - These medications are not covered as part of the MiChild Formulary.

**Digoxin solution** – Digoxin solution is covered without age limits.

**Insulin Pens**- Medications available as an insulin pen are covered and do not require authorization for this dosage form. Quantity limits still apply.

**Diabetes treatment** - All generic medications are covered without Prior Authorization. Prior Authorization is required for all brand name medications such as Actos and Byetta. All insulin vials are covered without Prior Authorization. Quantity limits still apply.

**Community Mental Health Prescriptions** - Prescriptions written by Community Mental Health providers for MiChild members are not covered by Molina Healthcare. This would include medications such as ADHD, anticonvulsant and antidepressants. Therefore, these medications require Prior Authorization.

**Narcotics** - Prescriptions for narcotics require Prior Authorization.

**Drugs “carved out” of the healthplan benefits:**

Drugs that have been carved out of the Medicaid health plan prescription coverage are covered for MICHild members. This includes psychotropic and anticonvulsants. However, Prior Authorization is required for these categories:

**Anticonvulsants-** Covered under MICHild but require Prior Authorization

**Psychotropic** Carved Out Drugs – PA required for MICHild members.

**URGENT AND AFTER-HOURS MEDICATION POLICY:**

To prevent a patient's condition from worsening in an urgent situation, it may be necessary to dispense a 72-hour supply of an acute medication before prior authorization may be obtained from Molina Healthcare. (e.g.: A member is discharged from a hospital after regular business hours with an antibiotic or anticoagulant prescription.) Please use your professional judgment. Molina Healthcare will reimburse the pharmacy for a 72-hour supply of an acute medication at contracted rates for these prescriptions.

After hours, call CVS/Caremark at (800) 791-6856 to obtain a prior authorization to allow the urgent or after-hours prescription to process on-line. It is advised and expected that the pharmacy will provide reasonable documentation of cases where medications were dispensed under these circumstances. The CVS/Caremark Help Desk is open 24 hours a day, seven (7) days a week.

**“PRIOR AUTHORIZATION” OR “DRUG NOT COVERED”:**

Please do not tell the member that the medication is denied. Chances are the provider may not have submitted a Prior Authorization request. Call the prescribing provider and request a Formulary Alternative. If the provider cannot change to a Formulary Alternative, a Prior Authorization is needed. For “Prior Authorization Required” or “Drug Not Covered” Message, please have the provider call the Molina Prior Authorization Department at (888) 898-7969 or fax the Prior Authorization Form to (866) 307-6038.