

**ABBREVIATED PHARMACY PRIOR AUTHORIZATION CRITERIA
MOLINA HEALTHCARE OF CALIFORNIA**

BRAND NAME	GENERIC NAME	CRITERIA
ACCOLATE	Zafirlukast	Moderate to severe asthma; failure on inhaled steroids. Can not be authorized as steroid replacement.
ACTONEL	Risedronate	Treatment of osteoporosis. Treatment and prevention of glucocorticoid-induced osteoporosis. Prevention of osteoporosis in postmenopausal women with one or more additional risk factors besides menopause. Treatment of Paget's disease of bone. Bone mineral density (BMD) is required prior to initiating therapy for prevention of glucocorticoid-induced osteoporosis.
ADDERALL XR (FOR AGES ≥18)	Amphetamine, mixed salts	Treatment of ADHD, with documented ADHD diagnosis by psychiatry. Prior Authorization is not required for ages <18.
ADVAIR	Fluticasone-Salmeterol	Prevention of asthma attacks after failure of low to medium dose inhaled corticosteroids or currently on both an inhaled corticosteroid and a long acting beta agonist.
ALDARA cream _{NF}	Imiquimod	Treatment of external genital and perianal warts/condyloma acuminata in adults; treatment of clinically typical, non-hyperkeratotic/non-hypertrophic actinic keratoses on face or scalp; treatment of biopsy-confirmed, primary superficial basal cell carcinoma, with maximum tumor diameter of 2cm. Treatment course must be consistent with product label.
ALLEGRA, -D	Fexofenadine Fexofenadine / pseudoephedrine	Treatment of allergic rhinitis/urticaria. Failure of OTC antihistamines (Including Claritin and Nolahist), Semprex-D, and nasal steroids. Not for use in combination with nasal steroids (combo no more effective than single agent)
AMBIEN CR _{NF}	Zolpidem controlled release	Ambien CR requests approved as immediate release Ambien.
APIDRA _{NF}	Insulin Glulisine	Treatment of diabetes in patients 18 yr and older in conjunction with a longer acting insulin or basal insulin analog; Failure of Humalog, Novolog due to intolerance/hypersensitivity reaction.
ARAVA _{NF}	Leflunomide	Treatment of active rheumatoid arthritis; failure on/intolerance to methotrexate and sulfasalazine. Prescribed by rheumatologist.
ARTHROTEC	Diclofenac / misoprostol	Treatment of arthritis in patients at high risk for ulcers.
ASTELIN NASAL SPRAY	azelastine	Failure of generic formulary agents fluticasone and flunisolide AND oral formulary agents cetirizine and loratadine.
ASTEPRO NASAL SPRAY	azelastine	Failure of generic formulary agents fluticasone and flunisolide AND oral formulary agents cetirizine and loratadine AND Astelin nasal spray.
BECONASE AQ	Beclomethasone	Failure of generic formulary agents fluticasone and flunisolide
BENICAR, BENICAR HCT	Olmesartan, olmesartan/HCTZ	Failure or intolerance to formulary angiotensin converting enzyme (ACE)
BIAXIN	Clarithromycin	Failure on first-line antibiotic, as indicated by nature of infection. OK as first-line for MAC and <i>H. Pylori</i> . For <i>H. Pylori</i> , use Prevpac.
BONIVA	Ibandronate	Treatment of osteoporosis. Treatment and prevention of glucocorticoid-induced osteoporosis. Prevention of osteoporosis in postmenopausal women with one or more additional risk factors besides menopause. Bone mineral density (BMD) is required prior to initiating therapy for prevention of glucocorticoid-induced osteoporosis.
BYETTA _{NF}	Exenatide	Treatment of Type II diabetes with HbA1c < 9.0. Failure of Metformin and TZD's combinations; Request by diabetes specialist or endocrinologist.
CEFZIL	Cefprozil	Failure on first-line antibiotic, as indicated by nature of infection.
CELLCEPT	Mycophenolate Mofetil	Prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants.
CHANTIX	Varenicline	For smoking cessation. Member must be enrolled in a smoking cessation program. Treatment course limited to 12 weeks. Member must have documented 4-week continuous abstinence during the initial 12 weeks to be approved for the second 12 weeks. Limit of one trial every 52 weeks.
COMBIVENT	Ipratropium/ Albuterol	Tx of chronic obstructive pulmonary disease (COPD) as single drug tx (no separate rescue medication needed); or compliance issue related to manual dexterity.
COREG CR _{NF}	Carvedilol	Coreg CR is approved as immediate release Coreg
CRESTOR	Rosuvastatin calcium	Treatment of hypercholesterolemia. Failure on Simvastatin 80mg, limited to #15/30 days
DAYPRO	Oxaprozin	Use in patients with documented treatment failure on at least two generic NSAIDs,

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		each treatment course being at least 2 weeks.
DAYTRANA _{NF}	Methylphenidate patch	Treatment of ADHD in patients 6 yr and older who is unable to take oral formulations due to specific medical condition. "Unable to swallow" justification must have prior failure to formulations with sprinkle capability (i.e., Metadate CD, Adderall XR)
DERMATOP	Prednicarbate	Use in patients with documented treatment failure on non-Prior Auth Formulary medium potency (Group III) steroids (e.g, Kenalog, Synalar, Topicort LP, Westcort).
DETROL _{NF}	Tolterodine	Tx of overactive bladder. Failure/contraindication to oxybutynin. Rx'd by Urologist.
DIFLUCAN	Fluconazole	Treatment of oropharyngeal, esophageal, or other forms of serious candidiasis; also cryptococcal meningitis. Single-dose 150mg tablet is available without prior authorization for vaginal candidiasis.
DIPROLENE	Augmented betamethasone	Failure on lower potency steroids, unless indicated by specific condition.
DITROPAN XL _{NF}	Oxybutynin ER	Treatment of overactive bladder. Failure on regular oxybutynin. Rx'd by Urologist.
DOVONEX	Calcipotriene	Treatment of moderate plaque psoriasis.
DURAGESIC	Fentanyl transdermal	Treatment of severe chronic pain with documented failure on / intolerance to oral formulary long-acting analgesics; documented evaluation/recommendation by pain management specialist or oncology
DURICEF (suspension only)	Cefadroxil	Failure on first-line antibiotic, as indicated by nature of infection.
EFUDEX	Fluoruracil topical	Treatment of Actinic or Solar Keratoses
ELIDEL	Pimecrolimus	Treatment of short-term and intermittent long-term therapy of mild to moderate atopic dermatitis in patients > 2 years of age; failure of topical steroids. 30g quantity max.
ELOCON	Mometasone	Use in patients with documented treatment failure on non-Prior Auth Formulary medium potency (Group III) steroids (e.g, Kenalog, Synalar, Topicort LP, Westcort).
FLOMAX	Tamsulosin	Treatment of Benign Prostatic Hyperplasia (BPH); failure/intolerance Hytrin/Cardura.
FLORONE, -E	Diflorasone Diacetate	Failure on lower potency steroids, unless indicated by specific condition.
FLOXIN	Ofloxacin	Failure on 1st-line antibiotic, as indicated by nature of infection. OK as 1st-line for STDs.
FLOXIN OTIC	Ofloxacin	Chronic suppurative OM with perforated tympanic membrane, or acute OM with tympanostomy tubes. For otitis externa patients, Cortisporin is first-line agent.
FOSAMAX	Alendronate	Treatment of osteoporosis. Treatment and prevention of glucocorticoid-induced osteoporosis. Prevention of osteoporosis in postmenopausal women with one or more additional risk factors besides menopause. Treatment of Paget's disease of bone. Bone mineral density (BMD) is required prior to initiating therapy for prevention of glucocorticoid-induced osteoporosis.
GEODON	Ziprasidone	Treatment of schizophrenia; <i>*NOTE- In LA, San Bernardino, Riverside, Yolo, and GMC counties, Geodon is billed to Medi-Cal Fee-For-Service for all Medi-Cal members</i>
GLEEVEC	Imatinib mesylate	Newly diagnosed adult patients with Philadelphia chromosome positive (Ph+) chronic myeloid leukemia (CML); (CML) in blast crisis, accelerated phase or chronic phase after failure of interferon therapy; treatment of patients with Kit-(CD 117) positive unresectable and/or metastatic malignant gastrointestinal stromal tumors (GISTs); Treatment of pediatric patients with (Ph+) chronic myeloid leukemia (CML) in chronic phase, and for children whose disease has recurred after stem cell transplant or who are resistant to interferon alpha therapy.
HALOG, -E	Halcinonide	Use in patients with documented treatment failure on non-Prior Auth Formulary high potency (Group II) steroids (e.g, Lidex, Valisone, Topicort, Diprosone).
HESPERA	Adefovir	Treatment of chronic Hepatitis B in adults with evidence of active viral replication and either evidence of persistent elevations in LFTs or histologically active disease; failure of Eпивir HBV
HIV MEDICATIONS	Miscellaneous	Most HIV medications are to be billed to Medi-Cal Fee-For-Service on-line for all Medi-Cal members. This applies to members residing in LA, San Bernadino, Riverside, Yolo, and GMC-Sacramento counties. For all others, medication will be authorized once Molina Medical Case Management is notified of member's condition.
IMITREX Injection, nasal spray	Sumatriptan Succinate	Abortive treatment of migraine attacks. Failure on oral Imitrex. Prophylactic therapy needed in patients with 2 or more attacks per month. Quantity limits - Inject. - 1 kit per month; 20 mg NS - 6 per month.

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INSULIN PEN DEVICES _{NF}	All insulins	Insulin Pen Delivery systems to be authorized when member is either blind or disabled. Can not be authorized for convenience purposes.
JANUVIA JANUMET	Sitagliptin Sitagliptin/Metformin	Treatment of Type II diabetes with HbA1c > 7; Failed or intolerant to max doses of sulfonylureas/metformin, or in addition to insulin.
KEPPRA	Levetiracetam	Treatment of seizures, with therapy initiated by neurology; not approved for psychiatric use.
KYTRIL tablets	Granisetron	Prevention of nausea/vomiting associated with initial and repeat courses of emetogenic chemotherapy, including high dose cisplatin; nausea and vomiting associated with radiation. Must fail Zofran prior to approval.
LAMICTAL	Lamotrigine	Treatment of seizures, with therapy initiated by neurology; Maintenance treatment of adults with Bipolar Disorder, with therapy managed by psychiatry. 50mg dose approved as 100mg ½ tab. 100mg dose approved as 200mg ½ tab.
LAMISIL (tablets only)	Terbinafine HCl	Tx of onychomycosis with (+) KOH/PAS stain; member must be experiencing pain that interferes with normal activity, or be diabetic, have peripheral vascular dz, or be immunocompromised; normal baseline LFTs required
LEVAQUIN	Levofloxacin	Failure on first-line antibiotic, as indicated by nature of infection. Dosage for Uncomplicated UTI (with failure to first-line abx) is 250mg QD x 3 Days.
LEVEMIR _{NF}	Insulin Detemir	Treatment of diabetes in patients with prior failure of formulary long acting insulins due to intolerance/hypersensitivity reaction
LIPITOR	atorvastatin	Failure on simvastatin 80mg, limited to #15/30 days
LODINE XL	Etodolac CR	Use in patients with documented treatment failure on at least two generic NSAIDs, each treatment course being at least 2 weeks.
LOFIBRA	fenofibrate	Failure on gemfibrozil or concurrent use with simvastatin, limited to #30/30 days
LOPROX	Ciclopirox	Treatment of dermatomycosis; failure on Formulary OTC antifungals.
LOTRISONE	Clotrimazole / betamethasone	Treatment of dermatomycosis; failure on Formulary OTC antifungals or when an additional steroid is required.
LUNESTA _{NF}	Eszopiclone	Treatment of insomnia in adult patients who has history of failure to formulary alternatives. Complete medical summary with documentation of nature of failure to prior therapies is required. Requested by sleep specialist, neurologist or psychiatrist.
LYRICA _{NF}	Pregabalin	Documented failure to Neurontin for treatment of partial onset seizures as adjunctive therapy, neuropathic pain associated with diabetic neuropathy, post herpetic neuralgia and fibromyalgia.
MEVACOR	lovastatin	Failure on simvastatin
MIACALCIN NASAL SPRAY	Calcitonin	Treatment of postmenopausal osteoporosis in females greater than 5 years postmenopause.
MICARDIS, MICARDIS HCT	Telmisartan, telmisartan/HCTZ	Failure or intolerance to formulary angiotensin converting enzyme (ACE)
MIGRANAL	Dihydroergotamine Nasal Spray	Acute treatment of migraine with or without aura; failure or intolerance of Formulary agents. Prophylactic therapy needed in patients with 2 or more attacks per month.
NASACORT AQ	Triamcinolone acetonide	Failure of generic formulary agents fluticasone and flunisolide.
NASONEX	Mometasone	Failure of generic formulary agents fluticasone and flunisolide. For diagnosis of allergic rhinitis in children under 4 years of age, limited to 17gm/30 days
NICORETTE GUM (OTC)	Nicotine polacrilex	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled in a smoking cessation program. Max #96 pieces/month. Limit of one trial every 52 weeks.
NICOTROL 15mg PATCH (OTC)	Nicotine transdermal	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled in smoking cessation program. Limit of one trial every 52 weeks.
NICOTROL NASAL SPRAY	Nicotine nasal spray	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled smoking cessation program. Max #4 boxes/month. Limit of one trial every 52 weeks.
NIZORAL	Ketoconazole	<i>Oral-</i> Treatment of systemic fungal infections and severe recalcitrant cutaneous dermatophyte infections not responding to topical therapy or griseofulvin. <i>Topical-</i> Treatment of dermatomycosis; failure on Formulary OTC antifungals. <i>Shampoo-</i> Failure of selenium sulfide.
NON-FORMULARY DRUGS_{NF}	Miscellaneous	Failure on <u>all</u> Formulary drugs within same drug class, unless unique indication exists that is not treatable with those agents or other Formulary alternatives.

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NORGESIC, NORGESIC FORTE	Orphenadrine/ASA/Caffeine	Failure of non-Prior Auth Formulary skeletal muscle relaxants (e.g., Flexeril, Soma, Lioresal, Norflex)
NOXAFIL	Posaconazole	Treatment or prophylaxis of invasive Candida and Aspergillus infections in severely immunocompromised patients; Treatment of systemic fungal infections after failure of itraconazole and/or fluconazole.
OMACOR _{NF}	Omega-3-acid ethyl Esters	Treatment of severe hypertriglyceridemia ($\geq 500\text{mg/dL}$) in patients who gemfibrozil and Niacin are contraindicated.
ORUVAIL	Ketoprofen CR	Use in patients with documented treatment failure on at least two generic NSAIDs, each treatment course being at least 2 weeks.
OXYCONTIN	Oxycodone CR	Treatment of severe chronic pain with documented failure on other formulary long-acting analgesics; documented evaluation/recommendation by pain management specialist or oncology; Approved only for QD or BID dosing, no prn use
PLENDIL	felodipine	Failure or intolerance to formulary agent amlodipine.
PRANDIN	Repaglinide	Treatment of type 2 diabetes, after failure on sulfonylureas and metformin
PRAVACHOL	Pravastatin	Failure on simvastatin or unable to simvastatin due to drug-drug interaction
PREVACID	Lansoprazole	Treatment /maintenance of healing of erosive esophagitis associated with GERD, and treatment of pathological hypersecretory conditions; documented failure (via pharmacy claims history) of OTC Prilosec 2-month trial for Medi-Cal members, H2 blocker trial for Healthy Families members. BID dosing allowed only in extreme circumstances.
PROGRAF capsules	Tacrolimus	Prophylaxis of organ rejection in patients receiving allogeneic renal or hepatic transplants.
PROSOM	Estazolam	Failure on non-Prior Auth Formulary sedatives/hypnotics (e.g, Dalmane, Restoril)
PROTONIX	Pantoprazole	Treatment /maintenance of healing of erosive esophagitis associated with GERD, and treatment of pathological hypersecretory conditions; documented failure (via pharmacy claims history) of OTC Prilosec 2-month trial for Medi-Cal members, H2 blocker trial for Healthy Families members.
PROTOPIC	Tacrolimus	Treatment of short-term and intermittent long-term therapy of mild to moderate atopic dermatitis in patients > 2 years of age; failure of topical steroids. 30g quantity max.
PSORCON	Diflorasone diacetate	Failure on lower potency steroids, unless indicated by specific condition.
RAPAMUNE	Sirolimus	Prophylaxis of organ rejection in patients receiving allogeneic renal transplants.
RAPAFLO	Silodosin	For diagnosis of BPH and failure on doxazosin, terazosin, or tamsulosin
REGRANEX _{NF}	Becaplermin	Tx of lower-extremity diabetic neuropathic ulcers that extend into the subcutaneous tissue or beyond and have an adequate blood supply, in addition to debridement, pressure relief and infection control. Ulcer must be <10cm ² and diabetes must be under control (HgA1c \leq 10). Must be prescribed by an orthopedic surgeon/podiatrist. Max 15g/month x 5 months.
RELAFEN	Nabumetone	Use in patients with documented treatment failure on at least two generic NSAIDs, each treatment course being at least 2 weeks.
RELENZA _{NF}	Zanamivir	Treatment of influenza within 48 hours of onset. Member must have pre-existing medical condition that would be significantly worsened by influenza. Must be >7 years old.
RESTASIS	Cyclosporine ophthalmic	To increase tear production in patients diagnosed with condition keratoconjunctivitis sicca; Prescribed by ophthalmology
REVATIO _{NF}	Sildenafil	Treatment of pulmonary arterial hypertension. Requested by Pulmonology. Approved as sildenafil 50mg or 100mg, 1/2 tablets for 25mg and 50mg doses.
RISPERDAL	Risperidone	Treatment of psychotic disorders; Prescribed by psychiatrist. <i>*NOTE- In LA, San Bernardino, Riverside, Yolo, and GMC counties, Risperdal is billed to Medi-Cal Fee-For-Service for all Medi-Cal members.</i>
ROZEREM _{NF}	Ramelteon	Treatment of insomnia in adult patients who have history of failure to formulary alternatives or in whom formulary hypnotics are contraindicated. Complete medical summary with documentation of nature of failure to prior therapies is required. Requested by sleep specialist, neurologist or psychiatrist.
SANDIMMUNE/ NEORAL/ GENGRAF	Cyclosporine	Prophylaxis of organ rejection in patients receiving allogeneic renal, cardiac or hepatic transplants. Treatment of patients with severe active, rheumatoid arthritis, failure of methotrexate. Treatment of adult, non-immunocompromised patients with severe, recalcitrant, plaque psoriasis who have failed to respond to at least one systemic therapy or in patients for whom other systemic therapies are

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		contraindicated, or cannot be tolerated.
SAVELLA	Milnacipran	For diagnosis of Fibromyalgia and failure on gabapentin, TCAs, or other agents for fibromyalgia
SIMCOR	Simvastatin/niacin	Failure of maximum doses of simvastatin or reduction in TG not attainable with simvastatin alone.
SINGULAIR	Montelukast	Moderate to severe asthma with recent failure on inhaled corticosteroids. Can not be authorized as steroid replacement: must be given concurrently with a steroid. For allergies, failure of Formulary agents must be documented as Singulair has not been shown to be more effective in clinical trials than any Formulary agents.
SONATA	Zaleplon	Short-term treatment of insomnia. Failure/intolerance to Formulary agents including Restoril, Elavil, Dalmane. Quantity limit #14/month, #30/month for special circumstances when prescribed by psychiatrist.
SPIRIVA	Tiotropium	Maintenance treatment of COPD-induced bronchospasm; must be either prescribed or recommended by pulmonary specialist.
SPORANOX	Itraconazole	Tx of onychomycosis with (+) KOH/PAS stain; member must be experiencing pain that interferes with normal activity, or be diabetic, have peripheral vascular dz, or be immunocompromised; normal baseline LFTs required
STADOL NASAL SPRAY	Butorphanol	Treatment of acute pain; failure or intolerance to Formulary narcotics. If used for migraines member must have failed Formulary Triptans and will be on prophylaxis while on Stadol.
STRATTERA (FOR AGES ≥18)	Atomoxetine	Treatment of ADHD, with documented ADHD diagnosis by psychiatry. **QD dosing only. 1 capsule max/day for all strengths except 40mg. 2 capsules max/day for 40mg. No Prior Auth Required for ages <18.
SUPRAX	Cefixime	Failure on first-line antibiotic, as indicated by nature of infection.
SYMBICORT	Budesonide/ formoterol	Prevention of asthma attacks after failure of low to medium dose inhaled corticosteroids or currently on both an inhaled corticosteroid and a long acting beta agonist.
SYMLIN _{NF}	Pramlintide	Treatment of type I diabetes. Patient must demonstrate compliance on their diabetes medications. Failure on Insulin; Requested by diabetes specialist or endocrinologist.
TARCEVA	Erlotinib	Tx of patients with locally advanced or metastatic non-small cell lung cancer as monotherapy after failure of platinum-based; requested by Oncology.
TAZORAC GEL	Tazarotene	Treatment of stable plaque psoriasis. Treatment of cystic acne, prescribed by dermatologist (0.1% only).
TESTODERM PATCH	Testosterone transdermal	Treatment of hypogonadism (primary and secondary). Max #30/month. Must be prescribed by endocrinologist.
TOPAMAX	Topiramate	Treatment of seizures, with therapy initiated by neurology; not approved for psychiatric use.
TRICOR	Fenofibrate	Treatment of hypertriglyceridemia, when patient is at risk of pancreatitis. Failure or intolerance to Lipid.
TRILEPTAL	Oxcarbazepine	Treatment of seizures, with therapy initiated by neurology; not approved for psychiatric use.
ULTRAVATE	Halobetasol	Failure on lower potency steroids, unless indicated by specific condition.
UROXATRAL	Alfuzosin	Treatment of Benign Prostatic Hyperplasia (BPH); failure /intolerance to Hytrin/Cardura.
VANCENASE AQ	Dipropionate	Failure of generic formulary agents fluticasone and flunisolide
VFEND	Voriconazole	Treatment of invasive aspergillosis; treatment of serious fungal infections caused by <i>Scedosporium apiospermum</i> or <i>Fusarium sp</i> , in patients intolerant of, or refractory to other therapy.
VIGAMOX	Moxifloxacin	Treatment of bacterial keratitis, endophthalmitis, or prophylaxis for ocular surgeries; prescribed by ophthalmologist.
Vytorin	Ezetimibe and simvastatin	Treatment of hypercholesterolemia. Failure on simvastatin 80mg
WEIGHT LOSS MEDICATIONS _{NF}	Various FDA-approved	After failure on structured weight loss and diet programs, member must have a BMI ≥33 plus two or more of the following risk factors: poorly controlled HTN, diabetes, uncontrolled dyslipidemia, significant cardiac dz (except for Meridia), symptomatic

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		sleep apnea, restrictive lung disease, or DJD/osteoarthritis of the hip and/or knee.
WELCHOL	Colesevelam HCL	Failure on cholestyramine
WELLBUTRIN SR	Bupropion	Treatment of depression. Not for smoking cessation (see ZYBAN).
XOPENEX _{NF}	Levalbuterol	PRN "Rescue" treatment of asthma; significant, unexpected cardiac side effects while on regular nebulized albuterol; in clinical trials, Xopenex has not been shown to be more effective than equipotent doses of albuterol on an outpatient basis.
ZOFRAN tabs	Ondansetron	Prevention of post-operative nausea/vomiting; prevention of nausea/vomiting associated with radiotherapy. No PA required for prevention of chemotherapy induced nausea/vomiting. Limit to #9/21 day.
ZYBAN	Bupropion SR	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled in Molina "Free and Clear" program or equivalent.
ZYMAR	Gatifloxacin	Treatment of bacterial keratitis, endophthalmitis, or prophylaxis for ocular surgeries; prescribed by ophthalmologist.
ZYPREXA	Olanzapine	Treatment of psychotic disorders and bipolar mania; Prescribed by psychiatrist. <i>*NOTE- In LA, San Bernardino, Riverside, Yolo, and GMC counties, pharmacy is to bill Medi-Cal Fee-For-Service on-line for all Medi-Cal members..</i>
ZYRTEC, -D	Cetirizine, Cetirizine/Pse	Treatment of allergic rhinitis/urticaria; Failure of OTC antihistamines (Including Claritin and Nolahist), Semprex-D, and nasal steroids. Not for use in combination with nasal steroids (combo no more effective than single agent)

NF= Denotes Non-formulary item

These guidelines for prior approval are for reference, only. They do not replace the professional judgment of the prescribing physician and do not necessarily apply to all patient-specific situations. All requests are looked at on a case by case basis. Use of pharmaceutical samples in lieu of Formulary first-line agents does not guarantee authorization.

To request a copy of a prior authorization request form, or to request full-length criteria for a medication listed above (if applicable), call (800) 526-8196, x 127854.

Updated 9/09