

	NO Prior Authorization Required	FORMULARY MEDICATIONS REQUIRING PRIOR AUTHORIZATION	
Therapeutic Class	Step Therapy, Quantity Limits and/or Age Limits May Apply	Prior Authorization Required	Documentation Required for Consideration
<b>Allergic Rhinitis</b>	Claritin/D Syrup ≤ 18 years of age Zyrtec/D Syrup ≤ 6 years of age Flonase Astelin Atarax Tavist Vistaril	Allegra Allegra D	Astepro  Documented Failure of OTC Antihistamines and Nasal Steroids
<b>Antibiotics</b>	Ceclor EES Augmetin* #20 Ceftin Keflex Vibramycin Caps Duricef Trimox Zithromax Dynapen Veetids 250mg#6 or Erythrocin Cipro#20 500mg#3 Ery-Tab Sumycin Fulvicin UF/PG Pediazole Bactrim Lamisil Principen Septra Diflucan 150mg #2	Cefzil Ceclor CD* Omnicef Biaxin* Floxin Levaquin Zithromax Pwd#	Suprax Ketek Floxin Avelox Noxafil Nizoral  *Suspension form, no PA required for members ≤ 12 yrs  #No PA required when billed as a 1 day stat dose
<b>Asthma/COPD</b>	Alupent Inhaler & Nebulizer Solution Singulair Chews Age ≤ 9 years Pulmicort Respules Age ≤ 9 years Pulmicort Flexhaler* QVAR Proair HFA Proventil tabs	Advair^ Dulera Serevent^ Pulmicort Flexhaler	Symbicort^ Foradil^ Accolate Singulair  Progress notes must indicate severity ^Trial of consistent use of QVAR must be demonstrated *Step Therapy
<b>Cardiovascular</b>	Accupril/HCTZ Lotensin/HCTZ Capoten/HCTZ Zestril/HCTZ Mavik	Benicar/ HCTZ* Micardis/ HCTZ*	Cozaar  Documented Failure of first line *Step Therapy Required - six months previous use of an ACE-Inhibitor
<b>Cholesterol Lowering Agents</b>	Zocor* Lopid, Colestid Tabs Niacin Lofibra SLO-Niacin Niaspan Questran/Light (Can Only)	Crestor  Vytorin	Current Lipid Panel Documented Failure of first line Documentation of Adverse Event *Zocor 80 mg PA required
<b>Diabetes</b>	Amaryl Diabeta Diabinese Glucotrol & XL Glucophage & XR	Glucovance Lantus Vials Humalog/Novolog Vials Humulin/Novolin Vials	Actoplus Met Janumet Kombiglyze XR Precose  Actos Januvia Onglyza Byetta*  *Must have failed max dose Metformin-TZD, Metformin-SU or SU-TZD with 90 day consistent use <b>AND</b> A1c < 8.0 A current HbA1c is required for the initiation of new Rx & every six months for renewal
<b>GERD/Dyspepsia</b>	Tagamet OTC Zantac Syrup & Tablets Prevacid OTC Age <12 years Rx Omeprazole (caps only) 20mg	Pepcid AC OTC 20 mg  Prevacid OTC > 12 years	Protonix  Documented Failure of first line Initial request requires an endoscopy report
<b>Narcotic Pain Management</b>	ASA/Codeine Dilaudid Lorcet Lortab elixir only Methadone Norco	MSIR max #90/30d MS Contin Max #90/30d Percocet/Percodan Tylenol w/codeine Tylox Vicodin, Vicodin ES	Oramorph SR  Kadian  Documented Failure of a minimum of three first line agents

Generic Medication Will Be Substituted When Available – This Document Is Not a Complete List of Covered Medications

**Additional Recommendations In Order To Expedite A Response To Your Prior Authorization Request:**

<b>Continuity of Care Requests:</b>	Provide drug history, dose and duration - Medication Log or notes - Please indicate CONTINUITY of CARE.
<b>Non-Formulary Drug Requests:</b>	Use standard MHM PA form - If there is not a comparable formulary medication and documentation supports the use of the medication, it may be considered for approval.
<b>Molina Healthcare After Hours Pharmacy Services:</b>	If the member's condition will worsen, a 72 hour supply of medication can be obtained. Please call: <b>1-888-898-7969</b>
<b>Common Reasons for Rejected Claims at the Pharmacy:</b>	Provider has not submitted a Prior Authorization request and/or the Member is trying to fill the medication too soon.
<b>Reasons which will delay Determination of a request:</b>	Request does not include adequate information regarding disease and Rx history. Required clinical information such as a lipid panel, HbA1c or BMI and weight history is not included.

**Molina Healthcare of Michigan Pharmacy**

**1-888-898-7969 Monday - Friday 8:00 a.m. - 6:00 p.m.**

For Electronic Access to the Formulary: <http://www.molinahealthcare.com/medicaid/providers/mi/drug/formulary.html>

