

	NO Prior Authorization Required	FORMULARY MEDICATIONS REQUIRING PRIOR AUTHORIZATION	
Therapeutic Class	Step Tx, Quantity Limits &/or Age Limits May Apply	Prior Authorization Required	Documentation Required for Consideration
ADHD Formulary Coverage Determined by The State of Michigan	Member 6-17 years old Adderall & XR Concerta, Metadate ER Focalin & XR Dexedrine, Dextrostat Ritalin, SR & LA Vyvanse Strattera - Members 6 years and older	Daytrana	Failure of 1st line medication
Allergic Rhinitis	Consider OTC Medications First Claritin, (Syrup ≤ 18 years of age), Claritin-D, Zyrtec, (Syrup ≤ 6 years of age), Zyrtec-D, Flonase, Astelin, Atarax, Vistaril, Tavist	Allegra Astepro Allegra D Nasonex	Documented Failure of 1st line
Antibiotics	Generic Forms : Dynapen, Principen, Trimox, Veetids, Anspor, Ceclor, Keflex, Ceftin, Duricef, EES, Ery-Tab, Erythrocin, Zithromax (250mg #6), Sumycin, Vibramycin, Cipro, Bactrim, Septra, Pediazole, Gantrisin, Lamisil, Diflucan (150mg #2), Augmentin (#20)	Ceclor CD* Cefzil Omnicef* Lorabid Biaxin* Suprax* Floxin Nizoral Avelox# Noxafil Levaquin Zithromax Pwd*	*Suspension form, no PA required for members ≤ 12 yrs #No PA required when billed as a 1 day stat dose
Anti-Depressants Formulary Coverage Determined by The State of Michigan	Anafranil, Aventyl, Pamelor, Celexa, Cymbalta, Desyrel, Effexor/XR, Lexapro, Ludiomil, Triavil, Etrafon, Luvox, Norpramin, Pristiq, Paxil/CR, Prozac, Remeron Tab, Serzone, Tofranil, Triavil, Wellbutrin SR/XL, Zoloft	Asendin^ Elavil^ Emsam Marplan Sinequan^ Vivactyl Surmontil Wellbutrin	^No PA required for members < 65 yrs
Asthma/COPD	QVAR, Aerobid, Azmacort Pulmicort Respules Age ≤ 9 years Proair HFA, Maxair, Tormalate, Alupent tabs Nebulizer solution: Proventil, Alupent Singulair Chews Age ≤ 9 years	Advair^ Symbicort^ Foradil^ Serevent^ Accolate Singulair Volmax	Documented Failure of 1st line Progress notes must indicate severity ^Trial of consistent ICS use must be documented
Cardiovascular	ACE Inhibitors/ With HCTZ Accupril/HCTZ, Capoten/HCTZ, Lotensin/HCTZ, Mavik, Zestril/HCTZ Angiotensin Receptor Blockers* Benicar/Benicar HCTZ Micardis/Micardis HCTZ		Documented Failure of 1st line *Step Therapy Required - 3 months previous use of an ACE-Inhibitor
Diabetes	Amaryl Lantus Vials Diabeta Glucophage & XR Glynase Glucovance Glucotrol & XL Orinase Tolinase Humalog/Novolog Vials Diabinese Humulin/Novolin Vials	Actos Actoplus Met Januvia Janumet Precose	A current HbA1c is required for the initiation of new Rx & Every 6 months for renewal
GERD/Dyspepsia	Pepcid AC OTC 20 mg Tagamet OTC, Zantac Syrup & Tablets Rx Omeprazole (caps only) 20mg Rx Prevacid Age <12 years	Protonix Prevacid	Documented Failure of 1st line Initial request requires an endoscopy report
Cholesterol Lowering Agents	Zocor, Crestor (No PA req after 3 months max dose Zocor), Advicor, Colestid Tabs, Lopid, Niacin, SLO-Niacin, Niaspan, Questran/Light (Can Only), Lofibra	Vytorin	Current Lipid Panel Documented Failure of 1st line Documentation of Adverse Event
Narcotic Pain Management	Darvocet-N Darvon/Wygesic Dilaudid Lorcet Methadone Lortab elixir only Norco MS Contin Max #90/30d MSIR max #90/30d Percocet/Percodan ASA/Codeine Tylenol w/codeine Tylox Vicodin, Vicodin ES	Kadian Oramorph SR	Documented Failure of a minimum of three 1st 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:

Osteoporosis Medications:	Include a recent Bone Densitometry Study or evidence of osteopenic activity.
Continuity of Care Requests:	Provide drug history, dose and duration - Medication Log or notes - Please indicate CONTINUITY of CARE.
Non-Formulary Drug Requests:	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.
Formulary Medications requiring PA:	Will be processed & reviewed on case by case basis.
State Psychotropic Drug PA Requirements:	Certain Psychotropic drugs require state mandated Rx PA. Examples include: Daytrana, Remeron Sol Tab.
Molina Healthcare After Hours Pharmacy Services:	If the member's condition will worsen, a 72 hour supply of medication can be obtained. Please call: 1-888-898-7969
Common Reasons for Rejected Claims at the Pharmacy:	Provider has not submitted a Prior Authorization request and/or the Member is trying to fill the medication too soon.
Reasons which will delay Determination of a request:	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>