



PHARMACY

Contact Information

RX PA Hotline: 1-(888) 669878-43227969 Option 1 for Providers, Option 5 for Pharmacies

RX PA Fax Line: 1-(888) 373-3059

General Telephone Number: 1-(866) 449-6828

Drug Formulary is published
on the Molina Healthcare of Michigan, Inc. (MHM) Website:

www.molinahealthcare.com

Please check coverage and prior authorization requirements for psychotropic medications (including ADD Drugs) on the State of Michigan Website:

www.michigan.fhsc.com



Drug Prior Authorization (Pa) Procedures

1. First please review your Molina Healthcare of Michigan, Inc. (MHM) Drug Formulary to learn which drugs are highlighted or italicized medications require prior authorization. You may also have access to the latest Drug Formulary information at www.molinahealthcare.com and ePocrates. If you need additional copies of the MHM Drug formulary, please call your Provider Services Representative.
2. If a drug requires prior authorization you must fax a MHM Prior Authorization Drug Request form to (888) 373-3059.
3. Drug prior authorizations are always processed in the order in which they are received. If all necessary information is presented, expect a response usually within two hours or less and not later than one business day. If forms are NOT filled out completely, you may expect a call fax back with a request for additional information.
4. Once received, your drug PA is reviewed by the MHM Pharmacy Team to determine if your request meets the MHM PA criteria. The team can either APPROVE or PEND your request. If your request is PENDED, please fax back the requested documentation or additional information to substantiate your request.
5. Expect a call or written communication from Pharmacy personnel the next day if you have not responded to the formulary suggestions. MHM wants to follow up on these issues to ensure that the member received their medication in a timely fashion.
6. If your request is DENIED by the Medical Director or Pharmacy Director, you may appeal this decision.
7. Drug PA Review Considerations:
 - First line Formulary prescription or OTC Drugs take precedent over nonformulary drugs.
 - All non-FDA approved "off label" drug requests will be DENIED and are subject to the review of the Medical or Pharmacy Director only.
 - The use of manufacturer's samples of non-formulary or "Prior Approval Authorization Required" medications does not override prescribing requirements.
 - Prescriptions Requests for medications requiring prior approval authorization or for medications not included on the MHM Drug Formulary may be approved when medically necessary and when formulary alternatives have demonstrated ineffectiveness. When these exceptions arise, the provider may must fax a completed drug prior authorization form to MHM Pharmacy Department at (888) 373-3059. Trials of pharmaceutical samples do not guarantee or override prior authorization approval.
8. To assure excellent customer service, all drug authorization requests received by 5:00 PM EST will be processed the same day.



Drug Prior Authorization Form

Phone: (888) 669-4322

Fax: (888) 373-3059

Date of Request:	Time:	
Pt. Name: (Last)	(First)	Pt's DOB
Pt. ID (Medicaid ID)		
Provider's/Mid Level Provider's Name	Specialty Name:	
Phone #: (Area Code) (Number)	Fax #: (Area Code) (Number)	

(*Required for confirmation/ Please print clearly. *)

- Drug Requested: (Name, strength, dose, sig, quantity) **MAX 2 DRUGS PER FORM**
- Estimated length of need:
- Diagnosis/medical indications for RX: (Send all pertinent test results and/or reports with this fax.)
- Previous medications prescribed and outcome:

For Molina Healthcare of Michigan use ONLY!!	
<input type="checkbox"/> Approved _____ <input type="checkbox"/> Pending <input type="checkbox"/> Denied	Pharmacist's comments:
<small>Note: We will assume your concurrence with our formulary recommendation if we have not received a response from the provider within two business days.</small>	

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Rev. 11/17/2009



Drug Prior Authorization (Pa) Helpful Hints

- **Prevent Rx Delays**
Make extra copies of RX PA forms and keep them readily available. This will save time expediting your request. You may also download a RX PA form from our website: www.molinahealthcare.com
- **Save Telephone Calls**
Get to know your Provider Representative. They can provide: extra copies of prior authorization request forms, PA procedures, copies of formularies and a list of OTC drugs that do not require prior authorization.
- **Save Time - Save Calls From Pharmacies**
Use alphabetical listing in your formulary book index to look up which drugs require a PA.
- **Be Informed - Be Patient Oriented**
Please familiarize yourself with the MHM Drug Formulary. Please refer to the MHM website and ePocrates for the most up-to-date Drug Formulary information. Drugs shaded in gray require a PA. Knowledge of this will save you calls from pharmacies and complaints from your patients. For your convenience we have included MHM DRUG PA Guidelines.
- **Save Time - Save Calls From Us**
Fill out drug PA form completely; make sure you note your office phone and fax number with area code, member name, and recipient ID number, physician name and name of person completing the form..
- **Save Aggravation on Pain Management Drugs**
Allow for dosage titration in the high acuity patients in the amount of drug/dose requested. Once entered into the pharmacy computer, PA must be manually modified if the dosage is changed. This will help prevent calls from pharmacies, patients, caregivers and filling out and faxing us another drug PA form.
- **Important - Please Note**
Any questions or concerns may be directed to our pharmacy Pharmacy voice mail system/Department. Please do not hesitate to request extra copies of formularies, PA forms, status of claims etc. Messages from our pharmacy voice mail system or direct calls(888) 669-4322 are retrieved answered promptly throughout the day. Your voice mail message/call is important to us and all calls are returned no later than the same business day.



Prior Authorization Criteria

DRUG (S): ALL NON-FORMULARY WITH CLASS REPRESENTATION ON DRUG FORMULARY FDA-APPROVED INDICATION(S):

As directed by the FDA

PRIOR AUTHORIZATION APPROVAL:

Prescriptions for Non-Formulary medications, whose drug class is represented on the Drug Formulary with other agents, may be approved if the drug(s) will be used within these guidelines:

1. Documented failure or intolerance to all Formulary agents of same drug class.
 - Eg., a request for the lipid drug Pravachol will require failure on Formulary agent Lipitor.
 - If the Formulary agents/drug class should require Prior Authorization, member will need to meet the Prior Authorization requirements for specific medication/drug class before it can be used.

OR,

2. Medication is being used for a unique treatment/condition that is not indicated for Formulary agents in same drug class.

OR,

3. All Formulary agents from same drug class are contraindicated for member per manufacturer recommendations.

OR,

4. Medication request was for a new member who is continuing therapy started while in another health plan. May be asked to provide documentation of previous use.

Formulary alternatives will be recommended to requesting physician if any of the following apply:

- A) Above criteria (1-4) are not met.
- B) Pharmaceutical samples were dispensed to member before all Formulary agents within same drug class were tried.

Prior Authorizations generally will be denied if Formulary alternatives are not accepted by physician.

These guidelines for prior authorization 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.



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

BRAND NAME	GENERIC NAME	CRITERIA
ACCOLATE	Zafirlukast	Moderate to severe asthma; failure on inhaled steroids. Can not be authorized as steroid replacement.
ACTOS	Pioglitazone	Treatment of Type II diabetes with HbA1c > 7; Failed or intolerant to max doses of sulfonylureas/metformin, or in addition to insulin in patients using >60units daily.
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.
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)
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.
AUGMENTIN tablets	Amoxicillin / clavulanate	Failure on first-line antibiotic, as indicated by nature of infection. OK as first-line for animal bites and abscess.
AVANDIA	Rosiglitazone	Treatment of Type II diabetes with HbA1c > 7; recently failed or intolerant to max doses of sulfonylureas/metformin (authorized as add-on tx), or in addition to insulin in patients using >60units daily.
AVANDAMET	Rosiglitazone/ metformin	Treatment of Type II diabetes with HbA1c > 7; recently failed or intolerant to max doses of metformin.
BEXTRA _{NF}	Valdecoxib	Treatment of signs and symptoms of osteoarthritis or rheumatoid arthritis in patients with documented risk of ulcer dz or bleeding disorder. Etodolac and sulindac are Formulary options for those with GI upset/GERD on other NSAIDs.
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.
CEFZIL	Cefprozil	Failure on first-line antibiotic, as indicated by nature of infection.
CELEBREX _{NF}	Celecoxib	Treatment of signs and symptoms of osteoarthritis or rheumatoid arthritis in patients with documented risk of ulcer dz or bleeding disorder. Etodolac and sulindac are Formulary options for those with GI upset/GERD on other NSAIDs.
CIALIS _{NF}	Tadalafil	Treatment in male patients of documented organic erectile dysfunction. Therapy initiated by a Urologist. Psychogenic causes must be ruled out. Max 6 tablets per month.
CIPRO	Ciprofloxacin	Failure on first-line antibiotic, as indicated by nature of infection. CIPRO "HC" is non-Formulary (see FLOXIN OTIC, CIPRODEX)
CIPRODEX	Ciprofloxacin/ dexamethasone	Treatment of acute otitis media in pediatric patients with tympanostomy tubes; treatment of otitis externa after failure/intolerance to Cortisporin.
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



BRAND NAME	GENERIC NAME	CRITERIA
		dexterity.
COREG _{NF}	Carvedilol	Treatment of mild to severe congestive heart failure (CHF); to reduce cardiac mortality in post-MI patients with left ventricular dysfunction (ejection fraction $\leq 40\%$). For treatment of hypertension, other Formulary beta blockers and other medication classes are available.
DAYPRO	Oxaprozin	Use in patients with documented treatment failure on at least two generic NSAIDs, each treatment course being at least 2 weeks.
DDAVP	Desmopressin	Short-term treatment of nocturnal enuresis. Failure of behavioral modification. Max treatment course of 6 months. Also for central diabetes insipidus.
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 in the treatment of mild to moderate atopic dermatitis in patients > 2 years of age; failure of topical steroids, unless treated area is on face. 30g quantity max for face tx, 60 g for other areas.
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.
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 msylate	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.



BRAND NAME	GENERIC NAME	CRITERIA
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.
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.
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.
LAMICTAL	Lamotrigine	Treatment of seizures, with therapy initiated by neurology; Maintenance treatment of adults with Bipolar Disorder, with therapy managed by psychiatry.
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.
LEVITRA _{NF}	Vardenafil	Treatment in male patients of documented organic erectile dysfunction. Therapy initiated by a Urologist. Psychogenic causes must be ruled out. Max 6 tablets per month.
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.
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.
LOTRONEX _{NF}	Alosetron	Treatment of women with severe diarrhea-predominant IBS who have chronic symptoms (duration 6 months or more) that are not due to an anatomic or metabolic abnormality, and who have failed to respond to conventional therapy; diagnosis confirmed by GI.
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.
NICORETTE GUM (OTC)	Nicotine polacrilex	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled in Molina "Free and Clear" program or equivalent. Max #96 pieces/month.
NICOTROL 15mg PATCH (OTC)	Nicotine transdermal	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled in Molina "Free and Clear" program or equivalent.
NICOTROL NASAL SPRAY	Nicotine nasal spray	For smoking cessation. Treatment course limited to 3 months. Member must be enrolled in Molina "Free and Clear" program or equivalent. Max #4 boxes/month.
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.



BRAND NAME	GENERIC NAME	CRITERIA
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.
NORGESIC, NORGESIC FORTE	Orphenadrine/ASA/Caffeine	Failure of non-Prior Auth Formulary skeletal muscle relaxants (e.g., Flexeril, Soma, Lioresal, Norflex)
NORVASC _{NF}	Amlodipine	Treatment of hypertension, ischemic heart disease, angina (stable and vasospastic), or CHF; failure of Formulary calcium channel blockers (CCBs) that share same indication.
OMNICEF	Cefdinir	Failure on first-line antibiotic, as indicated by nature of infection.
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
PAXIL	Paroxetine	Treatment of Depression, OCD, Panic Disorder, Social Anxiety. Failure on Prozac (Fluoxetine) required for treatment of depression, panic disorder, or OCD.
PRANDIN	Repaglinide	Treatment of type 2 diabetes, after failure on sulfonylureas and metformin
PREVACID _{NF}	Lansoprazole	Treatment of GERD, Duodenal/Gastric Ulcer, Erosive Esophagitis, Hypersecretory conditions. Failure on all Formulary PPIs. BID dosing allowed only in extreme circumstances. For <i>H. pylori</i> , use Prevpac. Exceptions may be made for children not tolerant to Formulary PPI dosage forms.
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	For short-term and intermittent long-term treatment of moderate to severe atopic dermatitis. Must fail topical corticosteroids first, unless affected area is face/neck.
PSORCON	Diflorasone diacetate	Failure on lower potency steroids, unless indicated by specific condition.
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<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
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>
SINGULAIR	Montelukast	Moderate to severe asthma; Recent failure on inhaled steroids. Can not be authorized as steroid replacement, must be given concurrently with steroid. For allergies, many other Formulary alternatives are available and should all be tried first, as Singulair has been shown to be no more effective in clinical trials than any Formulary agent.



BRAND NAME	GENERIC NAME	CRITERIA
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.
TAMIFLU _{NF}	Oseltamivir	Treatment of influenza within 48 hours of onset. Member must have pre-existing medical condition that would be significantly worsened by influenza.
TARCEVA	Erlotinib	Tx of patients with locally advanced or metastatic non-small cell lung cancer as monotherapy after failure of platinum-based chemotherapies; 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.
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.
VIAGRA _{NF}	Sildenafil	Treatment in male patients of documented organic erectile dysfunction. Therapy initiated by a Urologist. Psychogenic causes must be ruled out. Max 6 tablets per month.
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 sleep apnea, restrictive lung disease, or DJD/osteoarthritis of the hip and/or knee.
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.
ZITHROMAX	Azithromycin	Failure on first-line antibiotic, as indicated by nature of infection. OK as first-line for STDs.
ZELNORM _{NF}	Tegaserod	Short-term treatment of women with irritable bowel syndrome (IBS) whose primary symptom is constipation; diagnosis by GI; history of 6 month failure on conventional treatment; two 4-6 week courses maximum, when approved.



BRAND NAME	GENERIC NAME	CRITERIA
ZOFRAN tabs	Ondansetron	Prevention of nausea/vomiting associated with initial and repeat courses of emetogenic chemotherapy, including cisplatin; prevention of post-operative nausea/vomiting; prevention of nausea/vomiting associated with radiotherapy.
ZOLOFT	Sertraline	Treatment of depression, panic disorder, OCD, PTSD. Failure on Prozac (Fluoxetine) required for treatment of depression, panic disorder, or OCD. 50mg daily dose approved as 100mg ½ tab
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)

To request a copy of a prior authorization request form, or to request full-length criteria for a medication listed above (if applicable), call (888) 669-4322.



OVER THE COUNTER (OTC) DRUG LIST

Over-the-counter (OTC) medications are a covered benefit with no out-of-pocket expense to members when prescription is written by a provider. The following is a list of covered OTC medications. Please consider these OTC medications as First Line Therapy when treating your patients. Please remember that generic medications will be dispensed when available.

Category	Generic Name	Brand Name
1. Anti-Acne Medications	Benzoyl peroxide lotion 5%, 10%	
2. Antibiotics and Antibiotic Combinations	Bacitracin ointment	
3. Antidiarrheal Preparations	Attapulgite	Parapectolin/Kaopectate
4. Antidiarrheal Preparations	Bismuth Subsalicylate	Pepto Bismol
5. Antifungal-Vaginal Anti-infective	Clotrimazole	Mycelex-G, Gyne-Lotrimin, Lotrimin, Mycelex
6. Antihistamines	Diphenhydramine 25mg	Benedryl
	Loratadine & Loratadine Pseudoephedrine	Claritin & Claritin-D
7. Antihistamines Single-Entity Products	Phenindamine	Nolahist
8. Antihistamines Single-Entity Products	Chlorpheniramine	Chlor-Trimeton
9. Antitussives & Expectorants	Guaiifenesin	Robitussin
10. Antitussives & Expectorants	Guaiifenesin/Dextromethorphan	Robitussin DM
11. Decongestant Products	Pseudoephedrine	Sudafed Tabs, Syrup
	Loratidine	Claritin-OTC (PA Required)
12. Digestants/Stool Softeners	Docusate sodium	Colace
13. Digestants/Stool Softeners	Psyllium	Matamucil
14. Digestants/Stool Softeners	Bisacodyl	Dulcolax
15. Insulins/supplies	Glucose Test Strips	True Trade
16. Insulins/Supplies	Insulin Syringes, Lancets	
17. Miscellaneous	Condoms (max 12)	
18. Miscellaneous	Spermicidal Jelly/foam	
19. Miscellaneous	Vaporizer	
20. Miscellaneous Nasal Products	Cromolyn-nasal inhaler	Nasal crom
21. Miscellaneous OTIC Products	Carbamide peroxide 6.5%	Debrox
22. Non-Narcotic Analgesic	Aspirin-Tabs, enteric coated Tabs	Aspirin
23. Non-Narcotic Analgesic	Acetaminophen	Tylenol
24. Non-Steroidal Anti-Inflammatory Drugs	Ibuprofen	Motrin
25. Nutritional Products-Other	Calcium Carbonate	Os-Cal, Tums
26. Nutritional Products-Other	Ferrous Gluconate	Fergon
27. Nutritional Products-Other	Ferrous Sulfate	Feosol Tabs, solution
28. Nutritional Products-Other	Ped. Electrolyte Solution	Pedialyte solution
29. Other Anti-Ulcer Products, Antacids	Antacid Liquid	Maalox/Maalox TC
30. Other Anti-Ulcer Products, Antacids	Antacid Liquid	Mylanta/Mylanta II
31. Other Anti-Ulcer Products, Antacids	Simethicone	Mylicon
32. Other CNS Drugs	Nicotine Gum	Nicorette Gum
33. Other CNS Drugs	Nicotine Transdermal	Nicotrol Patch
34. Pediatric Cough/Cold Products	PPA/guaiifenesin/dextromethorphan	Naldecon DX Children's syrup drops
35. Pediatric Cough/Cold Products	PPA/phenyleph/chorphen/phenyltolox	Naldecon Pediatric Syrup, Ped
36. Pediatric Cough/Cold Products	Pseudo/chlorphen/dextromethorphan	Pedia-Care Cough Cold Liquid
37. Respiratory medications-Combination	Bromphen/Decongestant	Dimetapp Tabs, Elixir
38. Respiratory Medications-Combination	Chlortimetom/Decongestant	Contact-12 Hour Caps
39. Respiratory Medications-Combination	Tripolidine/Pseudophedrine	Actifed Tabs, Syrup
40. Scabicides/Pediculocides	Permethrin	NIX
41. Scabicides/Pediculocides	Pyrethens combo	RID, A-200
42. Topical Anti-Fungal	Tolnaftate cream	Tinactin
43. Topical Anti-infective	Polysporin ointment	
44. Topical Anti-infective	Triple Antibiotic Ointment	
45. Ulcer Therapy-H2 Antagonists	Famotidine	Pepcid AC
46. Ulcer Therapy-PPI	Omeprazole	Prilosec OTC



Member After Hours Pharmacy Services

POLICY

After normal business hours, which is defined as after the close of MHM Pharmacy Department (Monday-Friday), 8:00AM-6:00PM EST, network pharmacies are to contact the Rx America Help Desk at (800) 770-8014 to obtain an override code to fill an emergency three day (72 hour) supply of medication, which “when not given may cause the member’s condition to worsen”.

PURPOSE

This policy establishes the infrastructure and procedures for plan members to obtain medications on an emergency basis and on a 24-hour/day/7day/week basis.

SCOPE

This policy applies to Rx America contracted pharmacy providers dispensing medications to MHM members after MHM’s normal business hours.

PROCEDURE

1. After normal business hours as defined in the POLICY statement, Rx America / MHM contracted pharmacy providers are required to exercise professional judgment in the dispensing of medications to members requiring after hours pharmacy services.
2. Members have the ability to obtain prescription drugs on a 24-hour/day/7 day/week basis.
3. Pharmacists are instructed to contact the Rx America Help Desk at (800) 770-8014 to obtain an override code. This will assure the timely adjudication of prescription claims.
4. Members, pharmacists or medical providers requiring medication assistance after normal business hours should call (888) 898-7969. The answering service will refer callers to Rx America for assistance.