



Molina Healthcare of New Mexico Prescription Drug Prior Authorization Requirements

Effective June 1, 2008, for prescription drugs that are administratively managed and paid through our Pharmacy Benefits Manager Catalyst Rx, only the following four categories of drugs will require preauthorization:

- All non formulary drugs
- Formulary drugs that are prescribed in quantities that exceed a 30 day supply or other specified quantity limits
- All non formulary Over the Counter (OTC) drugs (The MHNM Formulary and OTC Formulary can be accessed at www.molinahealthcare.com)
- The following specific formulary drugs:

DRUG	PREAUTH CRITERIA
Actonel	Quantity limits (35mg to #4/month)
Attention Deficit Hyperactivity Disorder (ADHD)- Adderall/Adderall XR/Concerta/Metadate CD	Quantity limits 70 per 30 days
Atypical antipsychotics (Clozaril, Geodon, Risperdal, Invega, Zyprexa, Abilify)	Please notify us when prescribing these using the preauthorization form so that we can ensure coordination of care with Value Options Behavioral Health
Biaxin	Quantity limited to 14 days therapy per 30 days
Catapres Patch	Patient must be unable to take orally or have documented compliance issues
Chantix	Concurrent smoking cessation program required
Crestor	Trial and failure of at least two generic HMG Co A inhibitors: pravastatin, lovastatin, simvastatin at maximum doses
Diamox Sequels	Must have diagnosis of glaucoma or documented compliance issue with immediate release formulation
Differin	Limited to patients less than 40 years of age
Dolophine/Oxycontin/Fentanyl Patch	Trial and failure of short acting opiates for a minimum of three months
Elidel	Trial and failure of generic high dose topical steroids such as: betamethasone dipropionate, fluocinonide, clobetasol or augmented betamethasone
Januvia	Approved as add on therapy after an adequate trial and failure of a sulfonyleurea and/or Metformin
Loniten	Plan exclusion, neither oral nor topical formulations are covered for male pattern baldness
Lovenox Inj	Quantity limited to 14 doses per month
Meridia	Requires BMI > or = 40, a nutritional assessment, and dietary log
Nicotine inhaler, lozenge, nasal spray, patch, polacrilex	Initial 3months therapy covered without prior authorization. Therapy beyond 3 months requires prior authorization



Protopic	Trial and failure of generic high dose topical steroids such as: betamethasone dipropionate, fluocinonide, clobetasol or augmented betamethasone
Retin-A	Limited to patients less than 40 years of age
Singulair	No prior authorization required for use in Asthma; For Allergic Rhinitis requires trial and failure of at least two formulary antihistamines, nasal steroids, or decongestants.
Sonata	Trial and failure of at least three formulary agents such as temazepam, triazolam, alprazolam, lorazepam, hydroxyzine, chloral hydrate, buspirone or zolpidem. Quantity limited to 15 capsules/30days
Spacer for inhalers	Two spacers covered per year. Prior authorization required only for spacers in excess of two per year.
Strattera	Trial and failure of one other formulary medications such as dextroamphetamine CR, methylphenidate ER, Metadate CD, Adderall XR, Concerta
Tegretol XR	Trial and failure of generic carbamazepine
Topamax	Covered for treatment of seizures or migraines when prescribed by a neurologist. Not approved or covered for psychiatric use
Vytorin	Trial and failure of at least two generic HMG Co A inhibitors such as pravastatin, lovastatin, simvastatin at maximum doses

Note 1. This policy applies only to prescription drugs filled by a participating pharmacy.

Note 2. The following drugs are not covered under any circumstance.

- Cialis
- Levitra
- Viagra
- All FDA newly approved drugs for the first six months after market introduction
- Experimental and investigational drugs

Formulary prescription or OTC drugs that are not otherwise specified above as requiring prior authorization may be prescribed without any prior authorization or contact with MHNM and will fill if presented by an eligible member to a participating pharmacy.

This document does not apply to injectible medications which continue to require prior authorization.