**Reasons which will delay Common Reasons for Rejected Claims at the Pharmacy:**

- **Common Reasons for Rejected Claims at the Pharmacy:**
  - **Member 6-17 years old**
  - **Adderall & XR**
  - **Concerta, Metadate ER**
  - **Daytrana**
  - **Failure of 1st line medication**

- **Common Reasons for Rejected Claims at the Pharmacy:**
  - **Formulary Medications requiring PA:**
  - **Consider OTC Medications First**
  - **Claritin, (Syrup ≤ 8 years of age)**
  - **Oral Suspension**
  - **Oral Solution**
  - **Diagnostic Lotion**
  - **Failure of 1st line medication**

- **Common Reasons for Rejected Claims at the Pharmacy:**
  - **Formulary Medications requiring PA:**
  - **Kadian**
  - **Oramorph SR**
  - **Failure of a minimum of three line agents**

**Additional Information:**

- **Osteoporosis Medications:** Include a recent Bone Densitometry Study or evidence of osteopenic activity.
- **Continuity of Care Requests:** Provides 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 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.
- **Reasons which will delay Determination of a request:** Request does not include adequate information regarding disease and Rx history.

**FORMLARY MEDICATIONS REQUIRING PRIOR AUTHORIZATION**

<table>
<thead>
<tr>
<th>Therapeutic Class</th>
<th>Step Tx, Quantity Limits &amp; Age Limits May Apply</th>
<th>Prior Authorization Required</th>
<th>Documentation Required for Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD</td>
<td>Formulary Coverage Determined by The State of Michigan</td>
<td>Adderall &amp; XR</td>
<td>Concerta, Metadate ER</td>
</tr>
<tr>
<td>Allergic Rhinitis</td>
<td>Consider OTC Medications First</td>
<td>Claritin, (Syrup ≤ 8 years of age), Claritin-D, Zyrtec, (Symp ≤ 8 years of age), Zyrtec-D, Flonase, Astelin, Atraxol, Vistaril, Tavist</td>
<td>Allegra</td>
</tr>
<tr>
<td>Antibiotics</td>
<td>Generic Forms</td>
<td>Dynapen, Principen, Trimox, Veeidis, Anspor, Cecor, Kelex, Ceftin, Duricef, EES, Ery-Tab, Erythrocin, Zithromax (250mg #6), Sumycin, Vibramycin, Cipro, Bactrim, Septra, Pedialox, Gantirax, Lamisil, Dilucan (150mg #2), Augmentin</td>
<td>Cefod CD</td>
</tr>
<tr>
<td>Asthma/COPD</td>
<td>Pulmicort Respules Age ≤ 9 years</td>
<td>QVAR, Aerobid, Azmacort</td>
<td>Adviar’</td>
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<tr>
<td>Cardiovascular</td>
<td>ACE Inhibitors/ With HCTZ</td>
<td>Accupril/HCTZ, Capoten/HCTZ, Lotensin/HCTZ, Mavik, Zestril/HCTZ</td>
<td>Accolate</td>
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<tr>
<td>Diabetes</td>
<td>Diabeıta</td>
<td>Lantus Vials</td>
<td>Actos</td>
</tr>
<tr>
<td>GERD/Dyspepsia</td>
<td>Pepcid AC OTC 20 mg, Tagamet OTC, Zantac Syrup &amp; Tablets Rx Omeprazole (caps only) 20mg Rx Previage Age &lt;12 years</td>
<td>Zoretic</td>
<td>Previage</td>
</tr>
<tr>
<td>Cholesterol</td>
<td>Zocor, Crestor (No PA req after 3 months max dose Zocor), Advicor, Colesist Tabs, Lopid, Nicin, SLO-Niacin, Niaspan, Quesan/Light (Can Only), Lofibra</td>
<td>Vytoris</td>
<td>Current Lipid Panel</td>
</tr>
<tr>
<td>Narcotic Pain</td>
<td>Darvocet-N</td>
<td>Darvona/Wygesic</td>
<td>Kadian</td>
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<tr>
<td>Management</td>
<td>Dilaudide</td>
<td>Darvona/Wygesic</td>
<td>Lactaid</td>
</tr>
</tbody>
</table>

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