



Approval criteria for BRAND ANTICONVULSANTS:

- a) For new fills/rx, mandatory generic policy applies.
- b) For brand drug with generic available, PA required across all LOB
- c) For brand without generic, must meet the following requirements-
 - (i) diagnosis of epilepsy/seizure disorder
 - (ii) documentation that shows patient had seizure episode within last 30 days
 - (iii) if no prior rx history and no evidence of seizure episode within last 30 days, request documentation of diagnosis of epilepsy/seizure disorder AND indication that patient is currently taking drug and condition is controlled while on drug. (Continuation of care provision for new members to the plan).

MidWest Health Plan PA Grid

Updated on 04-22-09

Brand Name	Criteria for Approval	Standard Response
Abilify	State of Michigan carve-out drug.	Abilify is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Accolate	Step therapy: For Asthma diagnosis, Concurrent use of albuterol or inhaled corticosteroid is required. Not covered for allergy diagnosis.	For Asthma diagnosis: Concurrent use of Albuterol or inhaled corticosteroid is required. Thank you. For Allergy diagnosis: Accolate is not covered for Allergic Rhinitis, Please consider formulary agents chlorpheniramine, bromfed, diphenhydramine, Tavist, cetirizine and loratadine OTC per MHP guidelines. Thank you

Accu-Chek strips	Only cover Ascensia products	Please consider formulary products Ascensia. Thank you
Accutane	Dx: Cystic acne; max duration of 20 weeks Patient will need to be off Accutane for 8 weeks before additional renewals. Renewal after 8 weeks, if 70% reduction in nodules was achieved. Must meet FDA criteria.	Per MHP guidelines Accutane can be approved if the patient has a diagnosis of cystic acne. Must meet FDA criteria. Please resubmit the prior authorization request with documentation showing patient's progress; must be prescribed by Dermatologist. Thank you
Aceon	Use Formulary agents	Please consider formulary agents benazepril, enalapril and lisinopril per MHP guidelines. Thank you
Aciphex	Not covered. Omeprazole 20 mg capsule is the preferred formulary agent.	Per MHP guidelines, please consider Omeprazole 20mg capsule. Thank you
Actiq	Prior Authorization required. <u>Send request to Medical Director for Review.</u>	Please consider formulary agents, generic Vicodin, Darvocet, Norco 5/325mg or 10/325mg, Dilaudid. Thank you.
Actonel/ with Calcium	Use formulary agent Alendronate (generic Fosamax).	Please use formulary agent Alendronate (generic Fosamax) per MHP guidelines.
Actos	Prior use of sulfonylurea or metformin per MHP step therapy guidelines.	Please consider formulary agents sulfonylurea (glyburide or glipizide) or metformin before Actos or Avandia. Thank you
Advair	Prior use of inhaled corticosteroids (Asmanex, Flovent, Qvar or Leukotriene inhibitor per MHP step therapy guidelines.	Please consider formulary agents Asmanex, Flovent, Qvar or Leukotriene inhibitor per MHP step therapy guidelines. Thank you
Adderall XR	<u>ADD or ADHD</u> Under age 6- PA required. Ages 6-17- covered. Ok for 1 year. Ages 18-21- (continuation of care) - Would not need a psych consult if patient has continuous care (a break no longer than 6 months) and does not exceed 21 years of age. Ages 18+- PA required. If there is difficulty getting appointments w/ Psychiatry or CMH allow 3-6 months with the understanding for long term patient still needs Psych consult.	PA required. Ok for 1 year. Thank you Ok for 1 year. Thank you Please provide documentation of a Psychiatric consult with request. Thank you
Aggrenox	Use two separate agents	Please consider generic dipyridamole and aspirin as separate agents per MHP guidelines. Thank you
Aldara	Ok for Genital Condyloma if patient failed podofilox solution then gel.	Please consider first line formulary agent podofilox solution and second line agent podofilox gel, which also requires prior authorization. Thank you

		Aldara has a non-FDA-approved indication for Verruca Papules. The MHP drug formulary suggests use of an alternative Verruca Papules treatment. Please consider using alternative treatment regimens, such as, topical salicylic acid. Thank you
Allegra /D	Use OTC loratadine , chlorpheniramine CR 8mg or 12mg, Tavist, bromfed, diphenhydramine, cetirizine, etc. Use Loratadine D for combination product.	Please consider formulary alternatives chlorpheniramine, bromfed, diphenhydramine, Tavist, cetirizine and loratadine OTC per MHP guidelines. Use Loratadine D for combination product. Thank you
Allegra Suspension	Use formulary agents.	
Alphagan P	Use generic brimonidine, no exceptions.	Please consider formulary alternative generic brimonidine per MHP guidelines. Thank you
Altace	Ok for patient's 55 and older who have a hypoglycemic agent in the last 180 days. Formulary agents are benazepril and lisinopril.	Please consider formulary alternatives benazepril, enalapril, and lisinopril per MHP guidelines. Thank you
Ambien CR	<p>Patient must have a therapeutic failure after a 1-month trial with at least 1 of the non prior-authorized medications.</p> <p>For Pregnancy use diphenhydramine and doxylamine.</p> <p>Patients over the age of 65 must have failed one other non prior-authorized medication.</p> <p>Approve for 6 months.</p>	<p>Please consider formulary agents diphenhydramine, estazolam, flurazepam, temazepam and zolpidem (generic Ambien). Thank you</p> <p>Please consider formulary agents diphenhydramine and doxylamine. Thank you</p> <p>Please consider formulary agents diphenhydramine and doxylamine. Thank you</p>
Androgel/ Androderm	PA required. Send to Medical Director Review.	
Amnesteem	Dx: Cystic acne; max duration of 20 weeks Patient will need to be off Amnesteem for 8 weeks before additional renewals. Renewal after 8 weeks, If 70% reduction in nodules was achieved. Must meet FDA criteria.	Per MHP guidelines Amnesteem can be approved if the patient has a diagnosis of cystic acne; must meet FDA criteria. Please resubmit the prior authorization request with documentation showing patient's progress. Must be prescribed by Dermatologist. Thank you
Antara	Use formulary fenofibrate or statin.	Antara is not a formulary agent. Please consider formulary fenofibrate or generic statin. Thank you

Anzemet	Prior Authorization required. Ondansetron tablet is preferred formulary agent for short-term treatment of nausea and/or vomiting associated with emetogenic cancer chemotherapy. Limited to 9 tabs per month *All Claims will reject for members on Prenatal Vitamins. Ok for a maximum of 6 months at a time.	Use formulary alternative Ondansetron tablets. QL is 9 tabs/month. Thank you
Aricept	Ok for Alzheimer's disease diagnosed by Neurologist.	Per MHP guidelines, Aricept can be approved for the diagnosis of Alzheimer's disease confirmed by a Neurologist. Please re-submit this prior authorization request with chart notes indicating patient's diagnosis confirmed by a Neurologist. Thank you
Ascensia test strips and test disks	Per MHP guidelines, QL=50 is approved QL=100 requires electronic history of insulin QL>/=150, send request to MDR.	Quantities greater than 50 test strips/ disks require history of insulin use per MHP guidelines.
Atacand	Per MHP guidelines, first line therapy is ACEI. If patient has failure/ intolerance to ACEI, preferred ARB is Diovan. Please consider formulary agents.	Must fail ACEI, then preferred ARB is Diovan.Thank you For Plan B: Please consider a generic ACE inhibitor. Thank you
Atrovent Nasal Spray	Not covered. Formulary agents are OTC loratadine, cetirizine or generic Flonase.	Please consider formulary agent OTC loratadine, cetirizine, or generic Flonase. Thank you. For Plan B: Please consider formulary agent OTC loratadine, cetirizine.
Avalide	Per MWHP guidelines, first line therapy is an ACEI/ HCTZ combo. If patient has failure/ intolerance, then preferred ARB is Diovan HCT. Please consider formulary agents.	Must fail ACEI/ HCTZ combo, then preferred ARB is Diovan HCT. Please consider formulary agents. Thank you For Plan B: Please consider a generic ACE inhibitor and HCTZ. Thank you
Avandia/ Avandamet	Prior use of sulfonylurea or metformin per MWHP step therapy guidelines.	Please consider formulary agents sulfonylurea (glyburide or glipizide) or metformin before Actos or Avandia. Thank you
Avapro	Per MHP guidelines, first line therapy is ACEI. If patient has failure/ intolerance to ACEI, preferred ARB is Diovan. Please consider formulary agents.	Must fail ACEI, then preferred ARB is Diovan.Thank you For Plan B: Please consider a generic ACE inhibitor. Thank you
Benicar/ Benicar HCT	Per MHP guidelines, first line therapy is an ACEI/ HCTZ combo. If patient has failure/ intolerance, then preferred ARB is Diovan HCT. Please consider formulary agents.	Must fail ACEI/ HCTZ combo, then preferred ARB is Diovan HCT. Please consider formulary agents. Thank you For Plan B: Please consider a generic ACE inhibitor. Thank you

Caduet	PA required.	Please consider combination of Amlodipine (generic Norvasc) and a generic statin. Thank you
Catapress TTS patch	Patients must have 30 Days of clonidine tablets in the last 120 days.	Please consider formulary agent generic clonidine tablets. Thank you
Ceftin	Patient must have 5 days of 1st line antibiotic within the last 30 days.	Please consider formulary agents amoxicillin, sulfamethoxazole/trimpethoprim, Cephalexin, ampicillin, dicloxacillin, macolide, or generic augmentin. Thank you
Celebrex	Prior use of 2 formulary NSAIDs and concurrent use of Omeprazole 20mg capsule. Any response back from Doctor, send to Medical Director for review.	Please consider formulary agents such as naproxen or sulindac as single agents or in combination with Omeprazole 20mg capsule per MHP guidelines. Thank you.
Celexa	Send back formulary agent- if form states or MD responds that patient has tried formulary agents, approve.	Please consider formulary agents fluoxetine or citalopram. Thank you
Chlorpromazine HCL	State of Michigan carveout drug.	Chlorpromazine HCL is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Chromagen forte capsule	Approve for pregnant women only	
Claravis	Dx: Cystic acne, max duration of 20 weeks, Patient will need to be off Claravis for 8 weeks before additional renewals. Renewal after 8 weeks, If 70% reduction in nodules was achieved. Must meet FDA criteria	Claravis can be approved if patient has a diagnosis of cystic acne for a maximum of 20 weeks at a time. Please resubmit the prior authorization request with documentation showing patient's progress. Must be prescribed by Dermatologist. Diagnosis must meet FDA criteria. Thank you.
Clarinx	Use OTC loratadine , chlorpheniramine CR 8mg or 12mg, Tavist, bromfed, diphenhydramine, cetirizine, etc	Please consider formulary alternatives chlorpheniramine, bromfed, diphenhydramine, Tavist, cetirizine and loratadine OTC per MHP guidelines. Thank you.
Clozapine	State of Michigan carve-out drug.	Clozapine is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Clozaril	State of Michigan carve-out drug.	Clozaril is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Comtan	Requires prior use with formulary agent Sinemet (geq).	Please consider formulary alternative generic Sinemet. Thank you
Concerta	Under age 6- PA required. Ages 6-17- covered. Ok for 1 year.	PA required. Ok for 1 year. Thank you

	<p>Ages 18-21- (continuation of care) - Would not need a psych consult if patient has continuous care (a break no longer than 6 months) and does not exceed 21 years of age.</p> <p>Ages 18+- PA required. If there is difficulty getting appointments w/ Psychiatry or CMH allow 3-6 months with the understanding for long term patient still needs Psych consult.</p>	<p>Ok for 1 year. Thank you</p> <p>Please provide documentation of a Psychiatric consult with request. Thank you</p>
Condylox	Ok for Genital Chondyloma if patient failed podofilox solution then gel.	Please consider formulary alternatives podofilox solution then gel. Thank you.
Cosopt	Use Trusopt plus generic Timoptic (timolol)	Please consider formulary alternatives Trusopt and Timolol per MHP guidelines, Thank you
Crestor	PA required. Refer to HMG-CoA conversion chart. Formulary alternatives are lovastatin, simvastatin, or pravastatin.	Please consider formulary alternatives generic lovastatin, simvastatin, or pravastatin. Thank you
Cozaar	Per MHP guidelines, first line therapy is ACEI. If patient has failure/ intolerance to ACEI, preferred ARB is Diovan. Please consider formulary agents.	Must fail ACEI, then preferred ARB is Diovan.Thank you For Plan B: Please consider a generic ACE inhibitor. Thank you
Cymbalta	Send back formulary agent- if form states or MD responds that patient has tried formulary agents approve. Do not request chart notes	Please consider formulary agents fluoxetine or citalopram. Thank you
Daypro	Patients must have a two-week trial of two formulary NSAID's within the last 180 days, and concurrent use of Omeprazole 20mg capsule.	Please consider formulary agents such as naproxen or sulindac as single agents or in combination with Omeprazole 20mg capsule per MHP guidelines. Thank you
Depo-Provera	Generic is formulary. 150 mg is covered for contraception, 400mg is covered for endometriosis.	MHP is a mandatory generic plan. Please consider generic Depo-Provera. Thank you
Desmopressin/ DDAVP NS	Approve for diabetes insipidus, hemophilia A or von Willebrand's disease. All other diagnosis, send to MDR.	
Detrol/Detrol LA	If patient has been on Detrol or Detrol LA in the past or shows trial and failure or intolerance to oxybutynin/ER, approve for 1 year.	Please consider formulary alternative generic oxybutynin/ER. Thank you
Differin Topical	2 weeks each of 2 formulary agents in the last 180 days. Formulary agents include doxycycline, minocycline, tetracycline, benzoyl peroxide topical, clindamycin solution and erythromycin topical.	Please consider formulary alternatives doxycycline, minocycline, tetracycline, benzoyl peroxide topical, clindamycin solution and erythromycin topical. Thank you.
Diovan/Diovan HCT	Use ACE inhibitor as first line. Approvable if patient has failure/intolerance to ACEI.	Please consider first line agent generic ACE inhibitors. Thank you

Dovonex	Patient must have a trial of 2 formulary agents. Formulary agents are hydrocortisone, triamcinolone.	Please consider formulary agents generic hydrocortisone and Triamcinolone per MHP guidelines. Thank you
Droperidol	State of Michigan carve-out drug.	Droperidol is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Duragesic	PA required. Send to Medical Director Review. (MHP may approve for Cancer diagnosis or Pain Management).	Please consider formulary alternatives generic Dilaudid, generic Darvocet, generic Norco 5/325mg or 10/325mg, generic Vicodin. Thank you
Dynacirc/CR	30 days of formulary agents in the last 120 days. Formulary agents include nifedipine ER, diltiazem SR, verapamil SR.	Please consider formulary alternatives nifedipine ER, diltiazem SR and verapamil SR per MHP guidelines. Thank you
Elidel	Use hydrocortisone, betamethasone or triamcinolone (2 week trial in the last 60 days). If approving only approve 30gm per 30 days for 3 months.	Elidel 30-gram tube for a 30-day supply ok x 6 weeks, thereafter, please convert patient to intermittent use of lower potency topical corticosteroids. Thank you Please consider formulary topical steroids including triamcinolone, betamethasone and hydrocortisone per MHP guidelines. Thank you
Elmiron	Approve for interstitial cystitis (IC) and a positive PST (potassium sensitivity test)	
Elocon	Use Kenalog geq, Synalar geq, Diprosone geq, Topicort geq	Please consider formulary alternatives triamcinolone, betamethasone, and fluocinolone per MHP guidelines. Thank you
Emla	Recommend formulary agent lidocaine ointment Approve for patient's under 10.	Please consider formulary agent lidocaine ointment. Thank you
Estraderm	Use formulary agent Alora	Please consider formulary alternative Alora. Thank you.
Flomax	Use First-line agents, doxazosin (generic Cardura) and terazosin (generic Hytrin)	Please consider first line formulary agents doxazosin and terazosin. Thank you
Floxin (Eye)	2 ND Line, Patient must have 5 days of 1 st line antibiotic within the last 30 days.	Please use first line agents: erythromycin eye ointment, gentamicin, tobramycin, sulfacetamide (Bleph-10/Sulamyd).
Floxin Otic	3 days of a formulary agent in the last 30 days. Ok if patient has Tubes or Perforated Eardrums. Formulary agents include Acetasol Otic sol, Acetic Acid Otic sol, Acetic Acid/ Vosol, Vosol HC, Domeboro Otic, Cortisporin Otic.	Please consider formulary agents' generic Cortisporin Otic suspension or solution, vosol, vosol HC and domedoro otic. Thank you
Fluphenazine Deconate	State of Michigan carve-out drug.	Fluphenazine Deconate is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you

Fluphenazine HCL	State of Michigan carve-out drug.	Fluphenazine HCL is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Focalin XR	<p><u>ADD or ADHD</u> Under age 6- PA required.</p> <p>Ages 6-17- covered. Ok for 1 year.</p> <p>Ages 18-21- (continuation of care) - Would not need a psych consult if patient has continuous care (a break no longer than 6 months) and does not exceed 21 years of age.</p> <p>Ages 18+- PA required. If there is difficulty getting appointments w/ Psychiatry or CMH allow 3-6 months with the understanding for long term patient still needs Psych consult.</p>	<p>PA required.</p> <p>Ok for 1 year. Thank you</p> <p>Ok for 6 months, thereafter please provide documentation of a Psychiatric consult with request. Thank you</p> <p>Please provide documentation of a Psychiatric consult with request. Thank you</p>
Foradil	Formulary alternative is Serevent. Serevent is on Step therapy. Prior use of inhaled steroid (Asmanex, Flovent, Qvar) or leukotriene inhibitor is required.	Please consider formulary alternative Serevent if the patient has tried at least 1 course of inhaled corticosteroid (Qvar, Flovent) or leukotriene inhibitor. Thank you
Geodon	State of Michigan carve-out drug.	Geodon is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Haldol Decanoate	State of Michigan carve-out drug.	Haldol decanoate is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Haloperidol	State of Michigan carve-out drug.	Haloperidol is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Haloperidol Lactate	State of Michigan carve-out drug.	Haloperidol lactate is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
HIV medications	State of Michigan carve-out drug.	HIV medications are no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Hyzaar	Per MHP guidelines, first line therapy is an ACEI/ HCTZ combo. If patient has failure/ intolerance, then preferred ARB is Diovan HCT. Please consider formulary agents.	<p>Must fail ACEI/ HCTZ combo, then preferred ARB is Diovan HCT. Please consider formulary agents. Thank you</p> <p>For Plan B: Please consider a generic ACE inhibitor. Thank you</p>
Imitrex 100mg tab	For quantity limit of 9 tablets per 30 days, patient must be currently on one prophylactic such as an SSRI, Effexor, a	For quantity limit of 9 tablets per 30 days, patient must be currently on one prophylactic such as an SSRI, Effexor, a

	Triptyline, Depakote, Topamax, verapamil, propranolol, etc. Ongoing use requires implementation of prophylactic therapy in conformance with MHP Migraine DUR program.	Triptyline, Depakote, Topamax, verapamil, propranolol, etc. Ongoing use requires implementation of prophylactic therapy in conformance with MHP Migraine DUR program.
Imitrex Injection	Okay to approve with ehx of Imitrex 100mg tablets.	Please provide chart notes showing which medications patient tried and failed along with current prophylactic agent. Thank you.
Inspira (eplerenone)	Documented hx of formulary potassium sparing diuretic (spironolactone) required	Please consider formulary agent spironolactone. Thank you.
Kadian	Prior Authorization required. Send request to Medical Director Review. MHP may approve for Cancer treatment only.	Please consider formulary alternatives, generic Dilaudid, generic Darvocet, generic Norco 5/325mg or 10/325mg, generic Vicodin. Thank you
Ketoconazole Cream	Use formulary agents Lotrimin, Mycolog and Mycostatin.	Please consider formulary agents generic clotrimazole and miconazole. Thank you
Kytril	Please consider formulary alternative generic ondansetron tablets. Approve for short-term treatment of nausea and/or vomiting associated with emetogenic cancer chemotherapy with a quantity limit of 9 tablets per 30 days. All claims will reject for members on Prenatal Vitamins. PA Criteria will not allow for morning sickness or Heperemesis Gravidarum unless Phenergan has been tried/failed.	Please consider formulary alternative Ondansetron tablets. QL is 9 tabs/ month.Thank you
Lescol/ Lescol XL	Refer to HMG-CoA conversion chart. Formulary alternatives are lovastatin, simvastatin, or pravastatin.	Please consider formulary alternatives generic lovastatin, simvastatin, or pravastatin. Thank you
Levaquin	Please consider formulary agent Ciprofloxacin	Please consider formulary agent Ciprofloxacin. Thank you
Levitra	Send to Medical Director review to be denied.	Not covered by any program funded by MDCH.
Lexapro	Send back formulary agent- if form states or MD responds that patient has tried formulary agents approve. Do not request chart notes	Please consider formulary agents fluoxetine or citalopram. Thank you
Lidoderm Patch	Trial with formulary agents in the last 60 days. Formulary agents include: lidocaine oint/cream.	Please consider formulary agents generic lidocaine oint/cream. Thank you
Lipitor 40mg or 80mg	Refer to HMG-CoA conversion chart. Formulary alternative is simvastatin.	Please consider formulary alternatives generic simvastatin. Thank you.
Loprox	Use formulary agents generic Lotrimin, Mycolog, and Mycostatin.	Please consider formulary agents clotrimazole and miconazole. Thank you

Lotrel	Recommend formulary Amlodipine plus Benazepril	Please consider formulary alternative Amlodipine plus Benazepril Thank you
Lotrisone	Use clotrimazole plus betamethasone or Mycostatin	Please consider formulary agent clotrimazole plus betamethasone or Mycostatin per MHP guidelines. Thank you
Loxapine Succinate (Loxitane)	State of Michigan carve-out drug.	Loxapine succinate is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Lyrica	Patient must have tried and failed formulary agent gabapentin. Approve for refractory partial seizures, diabetic neuropathy, or postherpetic neuralgia	Please consider formulary agent gabapentin. Thank you
Malarone	Send to Medical Director review.	
Marinol	Prior Authorization required. <u>Send to Medical Director Review</u> . Approvable for the treatment of anorexia associated with weight loss in HIV patients. Max daily dose 20mg. 90 day grandfather for current utilizers	
Mavik	Use Formulary alternative	Please consider formulary alternatives benazepril, enalapril and lisinopril. Thank you
Maxalt/-MLT	Imitrex 100mg tablet is the preferred agent, if approved, with a quantity limit of 9 tablets per 30 days. Patient must be currently on one prophylactic such as an SSRI, Effexor, a Triptyline, Depakote, Topamax, verapamil, propranolol, etc. Ongoing use requires implementation of prophylactic therapy per Migraine DUR program.	Use preferred formulary agent Imitrex 100 mg with quantity limit of 9 tablets per 30 days. Patient must be currently on one prophylactic such as an SSRI, Effexor, a Triptyline, Depakote, Topamax, verapamil, propranolol, etc. Ongoing use requires implementation of prophylactic therapy per Migraine DUR program.
Mefloquine	Send to Medical Director review.	
Mellaril	State of Michigan carve-out drug.	Mellaril is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Meridia	Not covered. Use Xenical	Please consider formulary agent Xenical, which will also require prior authorization. Thank you
Miacalcin	Please consider formulary agent alendronate	Please consider formulary agent alendronate.
Micardis	Per MHP guidelines, first line therapy is ACEI. If patient has failure/ intolerance to ACEI, preferred ARB is Diovan. Please consider formulary agents.	The first line treatment is an ACE inhibitor, if patient has failure or intolerance to an ACE preferred ARB is Diovan. Please consider formulary agents. Thank you For Plan B: Please consider a generic ACE inhibitor. Thank you
Miralax	Use formulary agents Approve for chronic constipation or encopresis for age 2-14	Please consider formulary agents lactulose, pericolace, Psyllium or Dulcolax per MHP guidelines. Thank you

	years.	
Moban	State of Michigan carve-out drug.	Moban is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Monopril	Use Formulary alternative	Please consider formulary alternatives benazepril, enalapril and lisinopril. Thank you
MS Contin	Prior Authorization required. <u>Send request to Medical Director Review.</u> MHP may approve for Cancer diagnosis only.	Please consider formulary alternatives, generic Dilaudid, generic Darvocet, generic Norco 5/325mg or 10/325mg, generic Vicodin. Thank you
Namenda	Prior authorization requires patients to have currently been on Aricept for past 3 months. Aricept must be continued for PA to be extended.	
Nardil	Use formulary SSRI Do not approve a MAOI if patient is using an antidepressant concurrently.	Please consider formulary agents citalopram or fluoxetine. Thank you
Niferex-150 forte capsule	Please consider generic ferrous sulfate.	Please consider formulary agents, generic ferrous sulfate. Thank you
Nasarel	Formulary agents are OTC loratadine, cetirizine or generic Flonase	Please consider formulary agent OTC loratadine, cetirizine and generic Flonase. Thank you For Plan B: Please consider formulary agent OTC Loratadine or cetirizine.
Navane (Thiothixene)	State of Michigan carve-out drug.	Navane (thiothixene) is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Nexium	Omeprazole 20mg capsule is the preferred formulary agent.	Per Midwest guidelines, please consider formulary alternative Omeprazole 20 mg capsule. Thank you
Nicotine Replacement Products	Approve for a maximum of 12 weeks of products per member lifetime. Second time request send to the Plan.	The smoking cessation criteria allow the member to have 1 session of 12 weeks therapy per lifetime.
Nizarol	5 days of formulary agents in the last 30 days.	Please consider formulary agents generic Mycostatin, Mycolog, or Lotrimin. Thank you
Noritate 1% cream	PA required.	Please consider formulary alternatives metronidazole 0.75% cream or gel. Thank you.
Nutritional Supplements	All nutritional supplements are covered via DME at this time. And they need a referral from the PCP and an auth from the plan.	
Novolin	For Novolin pen users, if they were on it before in the history	Please consider formulary agent Novolin vials. Thank you

	claims, approve it. But for new users, recommend vials.	
Omacor (new name is Lovaza)	Use Gemfibrozil.	Please consider formulary agent Gemfibrozil per MHP guidelines. Thank you
Omnicef	Patient must have 5 days of 1 st line antibiotic within the last 30 days.	Please consider formulary agents amoxicillin, sulfamethoxazole/trimpethoprim, cephalexin, ampicillin, dicloxacillin, macrolide, generic augmentin per MHP guidelines. Thank you
One Touch test strips	Use Ascensia products only.	Please consider formulary products Ascensia . Thank you
Opana/ER	Prior Authorization required. <u>Send request to Medical Director Review.</u> MHP may approve for Cancer diagnosis only.	Please consider formulary alternatives, generic Dilaudid, generic Vicodin, generic Darvocet, generic Norco 5/325, 10/325.
Optivar	Use formulary agents.	
Orap	State of Michigan carve-out drug.	Orap is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Ortho Evra	Use generic contraceptives	MHP is a mandatory generic plan; please consider formulary generic oral contraceptives or generic Depo Provera. Thank you
Oxycontin	Prior Authorization required. <u>Send request to Medical Director Review.</u> MHP may approve for Cancer diagnosis only.	Please consider formulary alternatives generic Dilaudid, generic Darvocet, generic Norco 5/325mg or 10/325mg, generic Vicodin. Thank you
Patanase	Use formulary agents.	
Patanol	Use Naphcon-A or Opcon-A.	Please consider formulary agents Naphcon-A or Opcon-A per MHP guidelines. Thank you
Paxil, Paxil CR	Send back formulary agent- if form states or MD responds that patient has tried formulary agents approve. Do not request chart notes	Please consider formulary agents fluoxetine or citalopram per MHP guidelines. Thank you
PEG 3350	Ok for Chronic constipation or Encopresis if patient is 2 – 14 years old.	Please consider formulary agents lactulose, pericolace, Psyllium or Dulcolax per MHP guidelines. Thank you.
Perphenazine	State of Michigan carve-out drug.	Perphenazine is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Phentermine	Use Xenical	Please consider formulary agent Xenical, which will also require prior authorization. Thank you
Prandin	Use formulary agents.	Please consider formulary agent glyburide per MHP guidelines.

		Thank you
Prevacid	Omeprazole 20mg capsule is preferred formulary agent.	Per MHP guidelines, please consider formulary agents Omeprazole 20 mg capsules. Thank you
Prilosec OTC	Omeprazole 20mg capsule is preferred formulary agent.	Per MHP guidelines, please consider formulary alternative Omeprazole 20 mg capsules. Thank you
Prolixin	State of Michigan carve-out drug.	Prolixin is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Prolixin Deconoate	State of Michigan carve-out drug.	Prolixin deconoate is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Proscar	Formulary alternative is Uroxatral after trial of Hytrin or Cardura.	Formulary alternative is Uroxatral after trial of Hytrin or Cardura.
Protonix	Omeprazole 20mg capsule is preferred formulary alternative.	Per MHP guidelines, please consider formulary alternative Omeprazole 20 mg capsules. Thank you
Protopic	Use formulary agents	Please consider formulary high potency topical steroids generic Diprosone, triamcinolone 0.5%, fluocinolide (generic Lidex) per MHP guidelines. Thank you
Provigil	Reserved for 1. Narcolepsy and idiopathic hypersomnolence, documented with a sleep lab study, or 2. Residual sleepiness from sleep apnea, if CPAP has been optimized	Please submit patient's most recent sleep study report
Prozac, Prozac weekly	Send back formulary agent- if form states or MD responds that patient has tried formulary agents approve. Do not request chart notes	Please consider formulary agents fluoxetine or citalopram per MHP guidelines. Thank you
Pulmicort	Use formulary agents Asmanex. If Patient can't use a spacer, give a 6-month approval then have them re-challenge spacer.	Please consider formulary alternatives Asmanex. Thank you
Pulmicort Respules	Pulmicort Respules is approved for age 8 and younger.	
Rapamune	Use Prograf	Please consider formulary alternative Prograf. Thank you
Reclast	PA required.	Please consider formulary alternative agent alendronate (generic Fosamax).
Regranex	Ok for up to 10 weeks for diabetic foot ulcer in-patients receiving oral first line antibiotic.	Ok for 10 weeks. Thank you
Relistor	Send to Medical Director Review.	
Remeron	Send back formulary agent- if form states or MD responds that patient has tried formulary agents approve. Do not request chart notes	Please consider formulary agents fluoxetine or citalopram. Thank you
Renagel	One fill of Phoslo in the last 120 days.	Please consider formulary agent Phoslo. Thank you

Restasis	One formulary agent in last 30 days. Have to re-meet protocol every time. Formulary agents include: ophthalmic corticosteroids	Please consider formulary alternative ophthalmic corticosteroids. Thank you
Retin-A Micro	2 weeks each of 2 formulary agents in the last 180 days. Formulary agents include doxycycline, minocycline, tetracycline, benzoyl peroxide topical, clindamycin sol and erythromycin topical.	Please consider formulary alternatives doxycycline, minocycline, tetracycline, benzoyl peroxide topical, clindamycin sol and erythromycin topical. Thank you.
Rhinocort (triamcinolone nasal spray)	Please consider first line formulary agents OTC loratadine, cetirizine and Flonase geq. Thank you For Plan B: Please consider formulary agent OTC loratadine, cetirizine.	Please consider first line formulary agents OTC loratadine, cetirizine and Flonase geq. Thank you For Plan B: Please consider formulary agent OTC loratadine, cetirizine.
Risperdal	State of Michigan carve-out drug.	Risperdal is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Sancuso	Send to Medical Director Review.	
Sarafem	Send back formulary agent- if form states or MD responds that patient has tried formulary agents approve. Do not request chart notes	Please consider formulary agents fluoxetine or citalopram per MHP guidelines. Thank you
Sensipar	First st line agent PhosLo, second line agent Renagel. Pt must try and failure both agents. Approvable diagnoses are: secondary parathyroidism due to chronic kidney disease or hypercalcemia associate with parathyroid cancer	Please consider formulary agent Phoslo. Thank you.
Serentil	State of Michigan carve-out drug.	Serentil is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Serevent	Prior or concurrent use of inhaled corticosteroids (Flovent, Asmanex, Qvar, or Leukotriene inhibitor) is required. Can not use concurrently with Advair. If electronic hx shows no RX of Advair within the last 30 days, inhaled corticosteroid will adjudicate without restriction.	Prior or concurrent use of an inhaled corticosteroid (Flovent, Asmanex, Qvar, or Leukotriene inhibitor) is required. Thank you
Seroquel	State of Michigan carve-out drug.	Seroquel is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you

Singulair	<p>Step therapy: For Asthma diagnosis, Concurrent use of albuterol or inhaled corticosteroids required.</p> <p>Not covered for allergy diagnosis.</p>	<p>For Asthma diagnosis: Concurrent use of Albuterol or inhaled corticosteroid is required. Thank you.</p> <p>For Allergy diagnosis: Singulair is not covered for Allergic Rhinitis, Please consider formulary agents chlorpheniramine, bromfed, diphenhydramine, Tavist and loratadine OTC or cetirizine per MHP guidelines. Thank you</p>
Skelaxin	Use formulary agents.	Please consider formulary agents cyclobenzaprine or baclofen per MHP guidelines. Thank you
Sporanox	If patient is immunocompromised approve. If patient is not immunocompromised for nail fungus use generic Lamisil. If systemic give to Pharm review.	Please consider formulary agent generic Lamisil. Thank you
Soma	Use formulary agents cyclobenzaprine or baclofen. (Never Approve).	Please consider formulary alternative cyclobenzaprine 10mg tab or baclofen. Thank you
Soriatane (acitretin)	Dx: Severe psoriasis unresponsive to other therapies. Must be prescribed by a Dermatologist. Must meet FDA criteria.	Per MHP guidelines, Soriatane can be approved if there is documentation from a dermatologist that the index case is unresponsive to other therapies for severe psoriasis. Must meet FDA criteria.
Starlix	Use formulary agents.	Please consider formulary agent glyburide, glipizide. Thank you
Strattera	<p><u>ADD or ADHD</u> Under age 6- Trial of an immediate release agent required.</p> <p>Ages 6-17- covered (daily dose of 1)</p> <p>Ages 18-21- (continuation of care) - Would not need a psych consult if patient has continuous care (a break no longer than 6 months) and does not exceed 21 years of age.</p> <p>Ages 18+- Requires Psych consult. If there is difficulty getting appointments w/ Psychiatry or CMH allow 3-6 months with the understanding for long term patient still needs Psych consult.</p>	<p>Trial of an immediate release agent required.</p> <p>Ok for 1 year. Thank you</p> <p>Ok for 6 months, thereafter please provide documentation of a Psychiatric consult with request. Thank you</p> <p>Please provide documentation of a Psychiatric consult with request. Thank you</p>
Stelazine (flophenazine)	State of Michigan carve-out drug.	Stelazine is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Suboxone	State of Michigan carve-out drug.	Suboxone is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank

		you
Subutex	State of Michigan carve-out drug.	Subutex is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Suprax	Patient must have 5 days of 1 st line antibiotic within the last 30 days. Step therapy exceptions include diagnosis of Uncomplicated Gonorrhea.	Please consider formulary agents amoxicillin, sulfamethoxazole/trimpethoprim, Cephalexin, ampicillin, dicloxacillin, macrolide or generic augmentin.
Sure Step test strips	Only cover Ascensia products.	Please consider formulary agent Ascensia per MHP guidelines. Thank you
Surmontil (trimipramine)	Send back formulary agent- if form states or MD responds that patient has tried formulary agents approve. Do not request chart notes	Please consider formulary agents fluoxetine or citalopram. Thank you
Symbicort	Prior use of inhaled corticosteroids (Asmanex, Flovent, Pulmicort, Qvar or Leukotriene inhibitor). Can not use concurrently with Advair. If electronic hx shows no RX of Advair within the last 30 days, inhaled corticosteroid will adjudicate without restriction.	Please consider formulary agents Asmanex, Flovent, Qvar or Leukotriene inhibitor) per MHP guidelines. Thank you
Symbyax	State of Michigan carve-out drug.	Symbyax is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Tazorac	2 weeks each of 2 formulary agents in the last 180 days. Formulary alternatives doxycycline, minocycline, tetracycline, benzoyl peroxide topical, clindamycin sol and erythromycin topical	Please consider formulary alternatives doxycycline, minocycline, tetracycline, benzoyl peroxide topical, clindamycin sol and erythromycin topical per MHP guidelines. Thank you
Test Strips	Use Ascensia brand products only.	Please consider formulary agent Ascensia Test Strips per MHP guidelines. Thank you
Testosterone Inj	PA required. Send to Medical Director Review.	PA required.
Teveten	Per MHP guidelines, first line therapy is ACEI. If patient has failure/ intolerance to ACEI, preferred ARB is Diovan. Please consider formulary agents.	The first line treatment is an ACE inhibitor, if patient has failure or intolerance to an ACE preferred ARB is Diovan. Please consider formulary agents. Thank you For Plan B: Please consider a generic ACE inhibitor. Thank you
Thioridazine HCL (Mellaril)	State of Michigan carve-out drug.	Thioridazine HCL is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Thorazine	State of Michigan carve-out drug.	Thorazine HCL is no longer administered by MHP. Please bill

(chlorpromazine)		Fee-for-Service Medicaid (First Health) for this medication. Thank you
Tiazac	30 days of formulary agents in the last 120 days. Formulary agents include nifedipine ER, diltiazem SR and verapamil SR.	Please consider formulary alternatives nifedipine ER, diltiazem SR and verapamil SR. Thank you
Tracleer	Send to Medical Director Review.	
Triamcinolone Nasal Spray	Prior use of OTC loratadine, cetirizine and then generic Flonase.	Please consider first line formulary agent OTC Loratadine or cetirizine and second line agents generic Flonase. Thank you For Plan B: Please consider formulary agent OTC loratadine, cetirizine.
Tricor	Use formulary fenofibrate or generic statin.	Tricor is not a formulary agent. Please consider formulary fenofibrate or generic statin. Thank you.
Trifluoperazine HCL	State of Michigan carve-out drug.	Trifluoperazine HCL is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Triglide	Use formulary fenofibrate or generic statin.	Triglide is not a formulary agent. Please consider formulary agent fenofibrate or generic statin. Thank you.
Uroxatral	Use formulary alternatives doxazosin or terazosin as first line agents.	Please consider formulary agents doxazosin and terazosin. Thank you
Valtrex	Use acyclovir as first line agent. Approvable with documentation of more than 3 breakthrough episodes (per year) WHILE on acyclovir treatment OR documented intolerance to acyclovir.	Please consider formulary first line alternative acyclovir. Thank you. For Plan B: Prior Authorization is required.
VFend	Send to Medical Director Review.	
Voltaren gel	PA required. Use formulary alternatives.	
Viagra	Send to Medical Director review to be denied.	Not covered by any program funded by MDCH.

Vytorin	Use Lovastatin, pravastatin, or simvastatin.	Please consider the formulary alternative, Lovastatin, pravastatin, or simvastatin. Thank you
Vyvanse	<p><u>ADD or ADHD</u> Under age 6- PA required.</p> <p>Ages 6-17- covered. Ok for 1 year.</p> <p>Ages 18-21- (continuation of care) - Would not need a psych consult if patient has continuous care (a break no longer than 6 months) and does not exceed 21 years of age.</p> <p>Ages 18+- PA required. If there is difficulty getting appointments w/ Psychiatry or CMH allow 3-6 months with the understanding for long term patient still needs Psych Consult.</p>	<p>PA required.</p> <p>Ok for 1 year. Thank you</p> <p>Ok for 6 months, thereafter please provide documentation of a Psychiatric consult with request. Thank you</p> <p>Please provide documentation of a Psychiatric consult with request. Thank you</p>
Welchol	Use formulary agents.	Please consider formulary agents cholestyramine and/or colestipol per MHP guidelines. Thank you
Wellbutrin (bupropion)	Send back formulary agent- if form states or MD responds that patient has tried formulary agents approve. Do not request chart notes	Please consider formulary agents fluoxetine or citalopram. Thank you
Xenical	Complete weight loss form. Form must include patients BMI, weight, height, and other agents and methods of weight loss patient has tried and failed. For all renewal requests patient must have a 3% reduction in weight from previous approval.	Complete weight loss form. Form must include patients BMI, weight, height, and other agents and methods of weight loss patient has tried and failed. For all renewal requests patient must have a 3% reduction in weight from previous approval.
Xopenex/HFA	Ok if patient is intolerant to generic albuterol inhalation solution due to Tachycardia or tremor per MHP step therapy guidelines.	Please consider formulary agent albuterol per MHP guidelines. Thank you
Zanaflex	For all Midwest plans (except Medicare), Pt must tried and failed or has contraindication to Flexeral(cyclobenzaprine) or baclofen.	Please consider formulary alternative cyclovenzaprine 10mg tab or baclofen. Thank you
Zetia	Use Lovastatin, pravastatin, or simvastatin as formulary alternatives.	Please consider the formulary alternative, Lovastatin, pravastatin, or simvastatin. Thank you
Zofran	Send injectable to Specialty.	
Zomig	<p>Imitrex 100mg tablet is the preferred agent, if approved, with a quantity limit of 9 tablets per 30 days.</p> <p>Patient must be currently on one prophylactic such as an SSRI, Effexor, a Triptyline, Depakote, Topamax, verapamil,</p>	<p>Use preferred formulary agent Imitrex 100 mg with quantity limit of 9 tablets per 30 days.</p> <p>Patient must be currently on one prophylactic such as an SSRI, Effexor, a Triptyline, Depakote, Topamax, verapamil,</p>

	propranolol, etc. Ongoing use requires implementation of prophylactic therapy per Migraine DUR program.	propranolol, etc. Ongoing use requires implementation of prophylactic therapy per Migraine DUR program.
Zovirax cream or ointment	PA required. Send to Medical Director Review.	Please consider formulary alternative acyclovir (oral) per MHP guidelines. Thank you.
Zyprexa	State of Michigan carve-out drug.	Zyprexa is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Zyprexa Zydis	State of Michigan carve-out drug.	Zyprexa Zydis is no longer administered by MHP. Please bill Fee-for-Service Medicaid (First Health) for this medication. Thank you
Zyvox	Send to Medical Director Review.	Please consider formulary alternative Avelox

Helpful Hints

1. Plan does NOT allow vacation overrides.
2. PA can be backdated to the date of first PA submission.
3. For Plan B members (ID starts with “B”), please follow Plan B response (in blue) when it is different from the standard response.
4. Early refill edit will apply unless there is a change in dose.