MO HEALTHNET

Revised 09/05/2014

DRUG PRIOR AUTHORIZATION POLICY

This site contains policy sheets for each of the categories of drugs prior authorized through the MO HealthNet Pharmacy Program. Please be aware that these policies are dynamic and will be revised as frequently as necessary to remain consistent with changes in state policy and evidence based medical standards. Documents on this site may not be the most current reflection of policy. For verification of current policy, please contact the Pharmacy Helpdesk at 800-392-8030.

These documents are not to be used as drug prior authorization request forms, but may be printed and used as a guide when submitting written requests on the Drug Prior Authorization Request Form by mail to the address on the form, by fax at 573-636-6470 or when calling the Drug Prior Authorization hotline at 800-392-8030.

Drug prior authorization requests are individually reviewed and approvals granted on a case-by-case basis, as submitted information/documentation warrants. Additional information may be requested of the prescriber in order to complete the review of a drug prior authorization request, should the information/documentation initially submitted be unclear or insufficient.

All requests for drug prior authorization must be initiated by a physician or other authorized prescriber, such as dentist or advanced practice nurse, with prescribing authority for the drug category for which prior authorization is being requested. Requests received with insufficient information for review or received from an individual other than an authorized prescriber will not initiate a prior authorization review nor the 24-hour response period.

MO HEALTHNET DRUG PRIOR AUTHORIZATION PROCESS
Trade Name Drug Request - Required Information
Revision 2-14-14

The information must be provided to enable us to process your Drug Prior Authorization request for trade name drug. Please complete a drug prior authorization form including this information and submit to the address or FAX specified on the form.

IF USED AS AN ATTACHMENT TO A DRUG PRIOR AUTHORIZATION REQUEST, PLEASE BE SURE ALL INFORMATION IS SUPPLIED AND IS LEGIBLE TO ASSURE ACCURATE PROCESSING. ILLEGIBLE FORMS WILL BE DENIED OR RETURNED TO THE REQUESTOR.

Participant information: Participant Name
Participant MO HealthNet Number (DCN)
Participant date of birth

Name of the specific drug being requested, dosage form (capsule, tablet, packet, etc.) strength, and directions for use.

Diagnosis for use.

Document when the generic was tried and how long the trial period was. If no trial, provide the medical justification for brand name use.

Specify the medical problem caused by the generic product. Describe the medical problem in detail.
allergy
adverse reaction
poor disease control
other

Office progress notes documenting failure of generic may be requested by state staff to establish treatment efficacy
PLEASE NOTE THAT OFFICE RECORD NOTES ALONE AND/OR CHART NOTATIONS WILL NOT SUFFICE FOR THE REQUIREMENT OF THOSE TEST REPORTS WHICH ARE NOT PERFORMED/INTERPRETED IN AN OFFICE SETTING.

Written requests must include original signature of requesting physician or APN. Prescriber address, telephone and FAX number information is also essential.

MO HEALTHNET DRUG PRIOR AUTHORIZATION PROCESS
Orlistat (Xenical®) Request - Required Information
Revision 1-16-02

The information must be provided to enable us to process your Drug Prior Authorization request for orlistat (Xenical®). Please complete a drug prior authorization form including this information and submit to the address or FAX specified on the form.

IF USED AS AN ATTACHMENT TO A DRUG PRIOR AUTHORIZATION REQUEST, PLEASE BE SURE ALL INFORMATION IS SUPPLIED AND IS LEGIBLE TO ASSURE ACCURATE PROCESSING. ILLEGIBLE FORMS WILL BE DENIED OR RETURNED TO THE REQUESTOR.

Participant information: Participant Name
Participant MO HealthNet Number (DCN)
Participant date of birth

Diagnosis for use.

Baseline lipid profile must be performed and a copy FAXed to our office.

Documentation that all four lipid-lowering classes have been tried before Xenical is requested.

Document the specific classes tried and order in which they were tried.

Trial of HMG CoA Reductase Inhibitors is required. Specify the two (2) statins used.

Trial of Bile Acid Sequestrants is required. Specify product used.

Trial of Fibric Acid Derivatives is required. Specify product used.

Trial of Niacin Products is required. Specify product used.

If a lipid-lowering class was not tried, specify medical rationale.

For each lipid-lowering class used, pre and post lipid profile reports must be provided.

PLEASE NOTE THAT OFFICE RECORD NOTES ALONE AND/OR CHART NOTATIONS WILL NOT SUFFICE FOR THE REQUIREMENT OF THOSE TEST REPORTS WHICH ARE NOT PERFORMED/INTERPRETED IN AN OFFICE SETTING.

Written requests must include original signature of requesting physician or APN. Prescriber address, telephone and FAX number information is also essential.

MO HEALTHNET DRUG PRIOR AUTHORIZATION PROCESS
New Drug Products - Required Information
Revision 8-01-02

The information must be provided to enable us to process your Drug Prior Authorization request for a new drug product. Please complete a drug prior authorization form including this information and submit to the address or FAX specified on the form.

IF USED AS AN ATTACHMENT TO A DRUG PRIOR AUTHORIZATION REQUEST, PLEASE BE SURE ALL INFORMATION IS SUPPLIED AND IS LEGIBLE TO ASSURE ACCURATE PROCESSING. ILLEGIBLE FORMS WILL BE DENIED OR RETURNED TO THE REQUESTOR.

Participant information: Participant Name
Participant MO HealthNet Number (DCN)
Participant date of birth

Drug name (trade and generic), strength, dosage formulation, and directions for use.

Diagnosis for which use is indicated.

Written requests must include original signature of requesting prescriber.
Prescriber address, telephone and FAX number information is also essential.
(Continued)

New Product Review Determinations/Continued Drug Prior Authorization Criteria

ACUFLEX® TABLET

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one alternative product

ACZONE® GEL

●Product use consistent with FDA approved indication(s)
●Subject to clinical consultant review
●Age 12 or older

ADOXA CK®
ADOXA TT®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

ALDURAZYME®

●Product use consistent with FDA approved indication(s)

ALMOND OIL BITTER (PASTE)

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

ALOQUIN®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative
●Age 12 and older

ANALPRAM®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

ANIMI-3® CAPSULE

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one prescription cholesterol-lowering agent in each therapeutic class or a contraindication to those agents

AQUA GLYCOLIC HC® 2% COMBO PACKAGE

●Product use consistent with FDA approved indication(s)
●Subject to clinical consultant review

ASMALPRED PLUS®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure of prednisolone sodium phosphate solution

AURALGAN® DROPS

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

AVAR® CLEANSER, MEDICATED PADS
AVAR LS® CLEANSER, MEDICATED PADS
AVAR-E LS® CREAM

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

AZASAN®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

BALACET 325 ®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative or a medical contraindication to their use

BENZEFOAM®
BENZEFOAM ULTRA®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

BENZIQ® SUSPENSION
BENZIQ® GEL
BENZIQ LS® GEL

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

BREVIBLOC® VIAL
BREVIBLOC® IV SOLUTION

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least therapeutic class equivalent

BREVOXYL

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

BREZE®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

BRIGHT BEGINNINGS PRENATAL BAR®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with four therapeutic class equivalent products and documented evidence of medically necessary fluid restriction
●May require clinical consultant review

CARBOHOL GEL®

●Product use consistent with FDA approved indications
●Documented trial and failure with at least one therapeutic class equivalent

CARDURA® XL TABLET

●Product use consistent with FDA approved indication(s)
●Documented stabilization on immediate release product

CENTANY® OINTMENT

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

CLARIFOAM EF® FOAM

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

CLEERAVUE-M® KIT

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

CLINDACIN PAC®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

CLINDAGEL®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

CLINDAREACH® TOPICAL KIT

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least two therapeutic class alternatives

CORAZ® COMBO PACKAGE

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

CORVITE FE® TABLET (150MG/1MG)

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent that is available open access (i.e. Niferex 150mg)

DARVOCET A500® TABLET

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

DEXPAK®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

DEXPAK® JR TABLET

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

DICLEGIS® TABLET

●Product use consistent with FDA approved indication

DIGEX® CAPSULE

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one antacid with simethicone AND one dicyclomine product used concurrently

DIHYDROERGOTAMINE VIAL

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

DOMPERIDONE®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

DUOCAINE®

●Product use consistent with FDA approved indication(s)
●Subject to clinical consultant review

DURABAC® CAPSULE

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one alternative

DURABAC FORTE®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one alternative

EVOCLIN FOAM
●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

EXTINA® FOAM

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative
●Age 12 and older

FABRAZYME® VIAL

●Product use consistent with FDA approved indication(s)

FEMRING®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

FEMTRACE®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

FERRALET 90®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure of at least three unique iron-containing preparations

FINACEA®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

FLEXTRA® CAPSULE

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one alternative

GENADUR®

●Product use consistent with FDA approved indication(s)
●Subject to clinical consultant review

HALFLYTELY-BISACODYL®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

INJECTAFER®

●Product use consistent with FDA approved indication(s)
●Trial and failure of an oral iron product or evidence of intolerability

INOVA® MEDICATED PAD

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

KERAFOAM®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

KEROL® EMULSION
KEROL® TOWELETTE
KEROL® SUSPENSION
KEROL ZX®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

KETODAN 2% COMBO PACKAGE®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

LAGESIC ER®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one alternative

LAVOCLEN®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

LIDAMANTLE® LOTION
LIDAMANTLE HC® LOTION
LIDAMANTLE® HC MEDICATED PAD

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

LIDOCAINE HC® LOTION
LIDOCAINE HCL®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

LIDOCAINE-HYDROCORTISONE 2.5-3% GEL

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

LIDOSITE PATCH®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one alternative

MARSPAS®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent
●Age 12 and older

MESNEX® ORAL TABLET

●Product use consistent with FDA approved indication(s)
●Documented current treatment with ifosfamide

METOZOLOV ODT®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

MIRVASO® GEL

●Product use consistent with FDA approved indication(s)
●Trial of oral tetracycline family of drugs or Trial of topical Metronidazole
●Age 18 and older

MOXATAG® TABLET

●Product use consistent with FDA approved indication(s)
●Age 12 or older
●Subject to clinical consultant review

NEOBENZ MICRO®
NEOBENZ MICRO® CREAM PLUS PACK

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

NEOBENZ MICRO® WASH PLUS PACK

●Product use consistent with FDA approved indication(s)
●Documented trial and failure of concurrent use of both single-ingredient products

NEXICLON XR®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

NICOMIDE®

●Product use consistent with FDA approved indication(s)
●Subject to clinical consultant review

NOVACORT® GEL

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

NOVAFERRUM®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

NUTRESTORE®

●Product use consistent with FDA approved indication(s)
●Documented concurrent use of Zorbitive®
●Subject to clinical consultant review

NUTRIDOX®

●Product use consistent with FDA approved indication(s)
●Subject to clinical consultant review

NUVAIL 16% SOLUTION®

●Product use consistent with FDA approved indication(s)
●Subject to clinical consultant review

ORAMAGIC Rx®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one alternative

ORAPRED® ODT TABLET

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

ORBIVAN®
ORBIVAN CF®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

OVACE® CREAM
OVACE® FOAM
OVACE® GEL

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

PACNEX HP®
PACNEX LP®
PACNEX MX®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

PAMINE FORTE® TABLET

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

PANIXINE® DISSOLVE TABLET

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with cephelaxin suspension or capsule

PEDIADERM AF®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one generic therapeutic class alternative

PERANEX HC® KIT
PERANEX HC® MEDICATED PAD

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least two therapeutic class alternatives
●Subject to clinical consultant review

PLEXION® MEDICATED PAD

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

PRAM-HCA®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one generic therapeutic class alternative

PRAMOSONE E®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

PRIALT® VIAL

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one systemic analgesic or intrathecal morphine sulfate

PROCORT®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one generic therapeutic class alternative

PROCYSBI® CAPSULE

●Product use consistent with FDA approved indication(s)

PRO-HYO®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

PROSED DS®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least two therapeutic class equivalents

PROSED® EC TABLET

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

QUFLORA® CHEWABLE TABLET

● Product use consistent with FDA approved indication(s)
● Documented trial and failure with at least two therapeutic class equivalents

RADIAPLEX®

●Product use consistent with FDA approved indication(s)

RECTAGEL HC®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

REGENECARE®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

REPLIVA® 21/7

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one alternative product indicated for the treatment of anemia

RESTASIS®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one alternative

ROSAC® CLEANSER

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

ROSAC® CREAM

●Diagnosis consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

ROSADAN®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one 0.75% generic metronidazole topical product

ROSANIL® KIT

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

ROSULA® CLEANSER
ROSULA CLK®
ROSULA FOAM®
ROSULA NS® MEDICATED PAD

●Diagnosis consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

ROZEX® EMULSION

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

SELSEB SHAMPOO

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

SODIUM SULFACETAMIDE-SULFUR® 9%-4% CLEANSER
SODIUM SULFACETAMIDE-SULFUR® 10%-5% LOTION

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

STAFLEX®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

SUMADAN®
SUMADAN XLT KIT®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one generic therapeutic class alternative

SUMAXIN CP

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one generic therapeutic class alternative

SYMAX DUOTAB®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

TRIAZ®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

URAMAXIN®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

URAMAXIN GT®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

URISYM® CAPSULE

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

UTA®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

VANACHOL® CAPSULE

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one prescription cholesterol-lowering agent in each therapeutic class or a contraindication to those agents

VUSION®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least two therapeutic class alternatives

XIFAXAN® TABLET

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

XOLEGEL® DUO

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative
●Age 12 or older

XOLEGEL COREPACK®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure of concurrent use of both single-ingredient products
●Age 12 or older

XYRALID®
XYRALID® LP
XYRALID® RC

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative

ZACARE®

●Product use consistent with FDA approved indication(s)
●Subject to clinical consultant review

ZELAPAR® TABLET

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least two distinct alternative products for the treatment of Parkinson's

ZODERM® CLEANSER
ZODERM® CREAM
ZODERM® GEL
ZODERM® HYDRATING WASH
ZODERM® MEDICATED PAD

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class equivalent

ZYCLARA® 3.75% CREAM PUMP

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with Zyclara topical cream packet

ZYTOPIC®

●Product use consistent with FDA approved indication(s)
●Documented trial and failure with at least one therapeutic class alternative