



‘Ohana Health Plan Medicaid (QExA) Injectable Prior Authorization Request List

The following injectable medications do not require a prior authorization (PA) when administered to an ‘Ohana Health Plan Medicaid member (QExA) in a participating physician’s office as a one-time dose for Medical Necessity.

- ❖ Atropine sulfate
- ❖ Calcium gluconate
- ❖ Depomedrol
- ❖ Dexamethasone
- ❖ Diphenhydramine
- ❖ Epinephrine
- ❖ Hydrocortisone
- ❖ Sodium succinate
- ❖ Hydroxyzine Hcl
- ❖ IM antibiotics (including Rocephin)
- ❖ Ketorolac
- ❖ Tromethamine
- ❖ Lidocaine Hcl
- ❖ Magnesium sulfate
- ❖ Potassium chloride
- ❖ Formulary insulins
- ❖ Promethazine
- ❖ Ranitidine Hcl
- ❖ Rho D immune globulin
- ❖ Triamcinolone acetonide
- ❖ Vitamine B12 (Cyanocobalamin)
- ❖ Ondansetron

The above-mentioned medications are included on an “as-needed” basis. If at anytime these medications will be considered ongoing treatment as part of the member’s health regimen (chemotherapy, etc.), a prior authorization must be submitted to ‘Ohana Health Plan.

The following Medications always require a prior authorization from ‘Ohana Health Plan, whether supplied through a specialty pharmacy, retail pharmacy, hospital outpatient department or physician’s office.

- ❖ All chemotherapy drugs (including pre-chemo medications)
- ❖ IV antibiotics
- ❖ IVIG
- ❖ Avastin and other products for macular degeneration
- ❖ Procrit
- ❖ Hyalgan
- ❖ Hydration therapy
- ❖ Infed
- ❖ Revatio, Letairis
- ❖ Actimmune (Interferon Gamma-1b)
- ❖ Synagis
- ❖ Injectable pain-management (i.e. morphine)
- ❖ Betaseron, Copaxone, Rebif
- ❖ Boniva IV, Forteo
- ❖ Botox
- ❖ Desferal
- ❖ Eligard, Trelstar
- ❖ Enteral nutrition and food supplements
- ❖ Humira, Cimzia
- ❖ Hemophilia drugs
- ❖ Sandostatin
- ❖ TPN
- ❖ Xolair

Selected self-injectable and infusion medications are covered under the member’s outpatient benefit. Most self-injectable and infusion medications require a prior authorization.

Providers that prescribe an injectable or specialty medication that requires a prior authorization should fax the completed ‘Ohana Health Plan Drug Evaluation Review (DER) form and supporting medical documentation to 1-866-877-8239. Forms may be found on our Web site at www.ohanahealthplan.com.

‘Ohana Health Plan’s prior authorization process is designed to minimize adverse drug events, ensure appropriate utilization and clinical monitoring and maintain the highest level of pharmaceutical care for our members.

Avoid Prior Authorizations - Consider an Alternative

When prior authorization (PA) is needed, explain why the alternative(s) failed



QExA Medicaid Alternatives

Non-formulary	Formulary Alternatives (Brands Capitalized and Bolded)
ACTONEL	alendronate
ALLEGRA	loratadine, cetirizine
AMBIEN CR	estazolam, temazepam; then zolpidem
BENZONATATE 200 MG	benzonatate 100mg capsule
CELEBREX	Step Therapy: meloxicam, ibuprofen, naproxen
CRESTOR	simvastatin
DEPAKOTE ER TABLET	divalproex sodium (generic); DAW1 for Brand
DETROL LA	oxybutynin ER, Vesicare
DIOVAN	ACE Inhibitor; then Cozaar, Benicar, Micardis w/ QL 31/31days
DUONEB	ipratropium and albuterol (generic)
ENBREL 50 MG/ML	Humira, Cimzia
ENDOCET 10-325 MG	Endocet 5-325, 7.5-500
EPOGEN	Procrit w/ PA: HGB, Iron Saturation & Ferritin results needed.
EXFORGE	ACE Inhibitor; then Cozaar, Benicar, Micardis w/ QL 31/31days
FELODIPINE ER	nifedipine ER, amlodipine
FOSAMAX	alendronate
KADIAN CAPSULE SR	morphine sulfate ER, methadone, fentanyl patch (w/ PA)
KEPPRA	levetiracetam (generic); DAW1 for Brand
JANUVIA	PDL w/ PA: Provide history of 1st line metformin, glyburide failure
LANTUS	Levemir w/ QL 60mL/31 days
LESCOL	simvastatin, lovastatin
LIDODERM 5% PATCH	meloxicam, naproxen, Voltaren Gel
LIPITOR	simvastatin
LYRICA	gabapentin
MAXALT	sumatriptan (generic Imitrex)
NASONEX 50 MCG NASAL SPRAY	flunisolide (generic Nasarel), fluticasone (generic Flonase) nasal sprays
NEULASTA	Neupogen w/ PA: CBC w/ Differential needed.

Non-formulary	Formulary Alternatives (Brands Capitalized and Bolded)
NEXIUM	omeprazole, pantoprazole (w/ PA)
NIASPAN	niacin tablets
ONE TOUCH ULTRA TEST STRIPS	Accu-check (Compact Plus, Aviva), Freestyle (Lite, Freedom Lite), Precision Xtra
OXYCONTIN TABLET SA	morphine sulfate ER, methadone, fentanyl patch (w/ PA)
PREVACID	omeprazole, pantoprazole (w/ PA)
PRILOSEC OTC	omeprazole, pantoprazole (w/ PA)
PROAIR HFA 90 MCG INHALER	Ventolin HFA
PROTONIX	omeprazole, pantoprazole (w/ PA)
PULMICORT FLEXHALER	Flovent HFA, Asmanex, QVAR
PULMICORT RESPULES	PA over 8 years old (Flovent HFA, Asmanex, QVAR MDI preferred)
RENAGEL 800 MG	calcium acetate (generic PhosLo), Fosrenol
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RHINOCORT AQUA NASAL SPRAY	flunisolide (generic Nasarel), fluticasone (generic Flonase) nasal sprays
SENSIPAR 30 MG	calcitriol
SINGULAIR	PDL w/ PA: 1. For asthma - provide diagnosis or history of 1st line asthma meds (beta-agonist or corticosteroid). 2. For allergic rhinitis - history of loratadine, cetirizine, fluticasone or flunisolide nasal spray use.
SPIRIVA 18 MCG CP-HANDIHALER	Atrovent HFA
TEKTURNA	lisinopril, enalapril, benazepril
TESSALON 100MG, 200MG	benzonatate 100 mg capsule
TRICOR	fenofibrate, gemfibrozil
VERAMYST NASAL SPRAY	flunisolide (generic Nasarel), fluticasone (generic Flonase) nasal sprays
VYTORIN	simvastatin, lovastatin
WELCHOL	cholestyramine, cholestyramine light
XOPENEX 0.63 MG/3 ML SOLUTION	albuterol sulfate 0.63mg/3ml solution
ZANAFLEX CAPSULES	tizanidine tablets, baclofen tablets
ZAROXOLYN	metolazone (generic)
ZETIA	simvastatin
ZYVOX 600 MG	None. PA required: Provide evidence of MRSA infection.

Can't find a Drug on this list? Local `Ohana Health Plan Provider Support can help.

Call 1-888-846-4262

Updated 10/30/2009