

A fax bulletin for Molina Healthcare of California (MHC), December 20, 2011



**MOLINA HEALTHCARE OF CALIFORNIA
DRUG FORMULARY UPDATE**

November 2011 *The status of the following medications has changed in the 2011 Molina Healthcare of California Drug Formulary:*

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
Cozaar (losartan potassium)	Angiotensin II receptor antagonists	Formulary, max #1/day, available at 60 day supply	12/1/11	14
Hyzaar (losartan potassium-hydrochlorothiazide)	Angiotensin II receptor antagonists-thiazide combination	Formulary, max #1/day, available at 60 day supply	12/1/11	14
Norco (hydrocodone-APAP) 5-325mg, 10-325mg	Opioid analgesic combination	Formulary, max # 12/day; max of 3 dispensing in a 75-day period	12/1/11	4
Keppra (levetiracetam) 250mg, 500mg	Anticonvulsant	Formulary, limited to Neurologist or Psychiatrist; max #2/day	12/1/11	27
Keppra (levetiracetam) 750mg	Anticonvulsant	Formulary, limited to Neurologist or Psychiatrist; max #4/day	12/1/11	27
Keppra (levetiracetam) 1000mg	Anticonvulsant	Formulary, limited to Neurologist or Psychiatrist; max #3/day	12/1/11	27
Lamictal (lamotrigine) 25mg, 100mg, 150mg	Anticonvulsant	Formulary, limited to Neurologist or Psychiatrist; max #2/day	12/1/11	27
Lamictal (lamotrigine) 200mg	Anticonvulsant	Formulary, limited to Neurologist or Psychiatrist; max #3/day	12/1/11	27
Trileptal (oxcarbazepine) 150mg, 300mg	Anticonvulsant	Formulary, limited to Neurologist or Psychiatrist; max #2/day	12/1/11	27
Trileptal (oxcarbazepine) 600mg	Anticonvulsant	Formulary, limited to Neurologist or Psychiatrist; max #3/day	12/1/11	27
Zonegran (zonisamide) 25mg, 50mg	Anticonvulsant	Formulary, limited to Neurologist or Psychiatrist; max #3/day	12/1/11	27
Zonegran (zonisamide) 100mg	Anticonvulsant	Formulary, limited to Neurologist or Psychiatrist; max #6/day	12/1/11	27
Cleocin-T (clindamycin phosphate) 1% gel	Topical antibiotic	Formulary, max 60gm/month	12/1/11	20
Erythromycin (erythromycin) 2% gel	Topical antibiotic	Formulary, max 60gm/month	12/1/11	20
Cerisa Wash (sulfacetamide sodium-sulfur) lotion	Topical acne combination	Non-formulary, PA required	12/1/11	20
Diflucan (fluconazole) suspension	Antifungal	Formulary, max 70mL/fill	12/1/11	10
Diflucan (fluconazole) 50mg, 100mg, 200mg	Antifungal	Formulary, max #1/day	12/1/11	10
Diflucan (fluconazole) 150mg	Antifungal	Formulary, female only, max #1/month	12/1/11	10
Nizoral (ketoconazole) 200mg	Antifungal	Formulary, max #1/day	12/1/11	10

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
<i>Tagamet</i> (cimetidine) 300 mg/5 ml solution	H2 receptor antagonist	Formulary for age ≤12 , max 300mL/month	12/1/11	23
<i>Diabinese</i> (chlorpropamide) 100mg, 250mg	1 st generation sulfonylurea	Non-formulary, PA required	12/1/11	6
<i>Tolinase</i> (tolazamide) 250mg, 500mg	1 st generation sulfonylurea	Non-formulary, PA required	12/1/11	6
<i>Orinase</i> (tolbutamide) 500mg	1 st generation sulfonylurea	Non-formulary, PA required	12/1/11	6
<i>Lofibra</i> (fenofibrate) 160mg	Fibric acid	Formulary, max #1/day	12/1/11	11
<i>Cytotec</i> (misoprostol) 100mcg, 200mcg	Prostaglandins	Formulary for combination use with an NSAID and age ≥ 55, max #4/day	12/1/11	24
<i>Floxin otic</i> (ofloxacin) 0.3% solution	Otic anti-infective	Formulary, max 7mL/month	12/1/11	30
<i>Ciprodex otic</i> (ciprofloxacin-dexamethasone) 0.3-0.1% suspension	Otic anti-infective combination	Non-formulary, PA required	12/1/11	30

* **Italicize indicates generic availability.**

PRIOR AUTHORIZATION CRITERIA. The following criteria are either new or revised. Prior authorization criteria for Formulary medications are found at the back of the Drug Formulary and on the Molina Healthcare website.

DRUG NAME TRADE (generic)	Prior Authorization Criteria (abbreviated)
<i>CiproDex</i> (ciprofloxacin-dexamethasone) Otic Drops	PA required, limited to Dx = Tympanostomy tubes, max 7.5mL/month
<i>Diabinese</i> (chlorpropamide) 100mg, 250mg	Use glimepiride, glyburide, or glipizide
<i>Tolinase</i> (tolazamide) 250mg, 500mg	Use glimepiride, glyburide, or glipizide
<i>Orinase</i> (tolbutamide) 500mg	Use glimepiride, glyburide, or glipizide
<i>Atacand</i> (candesartan)	Use glimepiride, glyburide, or glipizide
<i>Avapro</i> (irbesartan)	Use losartan or losartan-hctz
<i>Benicar</i> (olmesartan)	Use losartan or losartan-hctz
<i>Benicar HCT</i> (olmesartan-HCTZ)	Use losartan or losartan-hctz
<i>Diovan</i> (valsartan)	Use losartan or losartan-hctz
<i>Diovan HCT</i> (valsartan-HCTZ)	Use losartan or losartan-hctz
<i>Micardis</i> (telmisartan)	Use losartan or losartan-hctz
<i>Micardis HCT</i> (telmisartan-HCTZ)	Use losartan or losartan-hctz
<i>Benzamycin</i> (erythromycin-benzoyl) gel	Use erythromycin and benzoyl peroxide separately

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Please note that Molina has a Generic Only Policy: This Policy requires utilization of generic medications as first line. When a generic is available within a therapeutic class there must be clear documentation of the failure of the generic prior to going to a branded product.

PLEASE REMEMBER THAT AN INTERACTIVE VERSION OF THE FORMULARY IS ALSO AVAILABLE FOR PDA DOWNLOAD AT <http://www.epocrates.com>

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