



MOLINA HEALTHCARE MEDI-CAL/HEALTHY FAMILIES DRUG FORMULARY UPDATE May 2009

The status of the following medications has changed in the 2009 Molina Healthcare Medi-Cal/Healthy Families Drug Formulary:

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
Astepro Nasal Spray (azelastine)	Nasal Antiallergy	Non-Formulary	6/15/09	37
Astelín Nasal Spray (azelastine)	Nasal Antiallergy	Non-Formulary	6/15/09	37
Benicar (olmesartan)	Angiotensin II Receptor Antagonist	Formulary (Step Therapy and PA added – see below)	6/15/09	26
Benicar HCT (olmesartan/HCTZ)	Angiotensin II Receptor Antagonist	Formulary (Step Therapy and PA added – see below)	6/15/09	26
Diovan (valsartan)	Angiotensin II Receptor Antagonist	Non-Formulary	6/15/09	26
Diovan HCT (valsartan/HCTZ)	Angiotensin II Receptor Antagonist	Non-Formulary	6/15/09	26
Micardis (telmisartan)	Angiotensin II Receptor Antagonist	Formulary (Step Therapy and PA added – see below)	6/15/09	26
Micardis HCT (telmisartan/HCTZ)	Angiotensin II Receptor Antagonist	Formulary (Step Therapy and PA added – see below)	6/15/09	26
Kapidex (dexlansoprazole)	Proton Pump Inhibitor	Non-formulary	6/15/09	34
Gelnique Topical Gel (oxybutynin)	Urinary Antispasmodics	Non-formulary	6/15/09	36
Generic Plendil (felodipine)	Calcium Channel Blockers	Non-formulary	6/15/09	26
Uloric (febuxostat)	Gout Agents	Non-formulary	6/15/09	15

PRIOR AUTHORIZATION CRITERIA. The following criteria are either new or revised. Prior authorization criteria for Formulary medications are found at the back of the 2009 Drug Formulary and on the Molina Healthcare website.

DRUG NAME TRADE (generic)	Prior Authorization Criteria (abbreviated)
Astepro Nasal Spray (azelastine)	Failure of generic formulary agents fluticasone and flunisolide AND oral formulary agents cetirazine and loratadine AND Astelin nasal spray.
Astelín Nasal Spray (azelastine)	Failure of generic formulary agents fluticasone and flunisolide AND oral formulary agents cetirazine and loratadine.
Benicar (olmesartan)	Failure or intolerance to formulary angiotensin converting enzyme (ACE)
Benicar HCT (olmesartan/HCTZ)	Failure or intolerance to formulary angiotensin converting enzyme (ACE)
Micardis (telmisartan)	Failure or intolerance to formulary angiotensin converting enzyme (ACE)
Micardis HCT (telmisartan/HCTZ)	Failure or intolerance to formulary angiotensin converting enzyme (ACE)
Generic Plendil (felodipine)	Failure or intolerance to formulary agent amlodipine.

PLEASE REMEMBER THAT AN INTERACTIVE VERSION OF THE FORMULARY IS ALSO AVAILABLE FOR PDA DOWNLOAD AT WWW.EPOCRATES.COM**

For information on how drugs are added or removed from the Formulary, please refer to your copy of the Molina Healthcare Medi-Cal/Healthy Families Drug Formulary. To request a drug for Formulary consideration, please send a written request to Molina Healthcare of CA, Attn: Chief Medical Officer, 200 Oceangate, Suite 100, Long Beach CA 90802.

The presence of a drug on this Formulary Update does not serve as a recommendation for any specific patient nor implies that the drug is preferred over other Formulary products.