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A fax bulletin for Molina Healthcare providers • March 15, 2010



MOLINA HEALTHCARE OF FLORIDA DRUG FORMULARY UPDATE March 2010

The status of the following medications has changed in the 2010 Molina Healthcare of Florida Drug Formulary:

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
Omnicef (Cefdinir)	Cephalosporin	Formulary PA required	03/15/2010	3
Pulmicort (Budesonide)	Steroid	Max age is 6	03/15/2010	66
Nasonex (Mometasone furoate)	Nasal Steroids	Formulary PA required	03/15/2010	57
Nasacort (Triamcinolone Acet)	Nasal Steroids	Formulary PA required	03/15/2010	57
Prevacid OTC	Proton pump inhibitor	Formulary approved	03/15/2010	63
Prevacid (Lansoprazole)	Proton pump inhibitor	Formulary PA required	03/15/2010	63

PRIOR AUTHORIZATION CRITERIA The following criteria are either new or revised. Prior authorization criteria for Formulary medications are found at the back of the 2010 Drug Formulary and on the Molina Healthcare website.

DRUG NAME TRADE (generic)	Prior Authorization Criteria (abbreviated)
Nasonex	Failure of Flonase and Nasalide
Nasacort	Failure of Flonase and Nasalide
Prevacid	Failure of Omeprazole and Prevacid OTC.

Please note the following policy change which Molina has implemented regarding the pharmacy benefit:

Generics 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 THE FORMULARY IS ALSO AVAILABLE FOR DOWNLOAD AT
WWW.MOLINAHEALTHCARE.COM