



MOLINA HEALTHCARE OF FLORIDA DRUG FORMULARY UPDATE

The status of the following medications has changed in the March 2011
Molina Healthcare of Florida Drug Formulary:

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
Lipitor	HMG-CoA reductase inhibitor	Step Therapy Required	03/08/2011	
Crestor	HMG-CoA reductase inhibitor	Prior Auth Required	03/08/2011	16
Losartan (all forms and strengths)	Angiotensin II receptor blocker	Step Therapy Required	03/08/2011	
Diovan	Angiotensin II receptor blocker	Prior Auth Required	03/08/2011	15
Benicar (all forms and strengths)	Angiotensin II receptor blocker	Step Therapy Required	03/08/2011	15
Advair (all forms and strengths)	Long acting B2-agonist	Step Therapy Required	03/08/2011	39
Dulera	Long acting B2-agonist	Step Therapy Required	03/08/2011	
Relpax	Selective 5-HT receptor agonist	Prior Auth Required	03/08/2011	36
Zomig (all forms and strengths)	Selective 5-HT receptor agonist	Prior Auth Required	03/08/2011	36
Astepro	Antihistamine	Prior Auth Required	03/15/2011	40
Spiriva	Long-acting anticholinergic	Step Therapy Required	03/15/2011	39
Hydromorphone 8mg	Opioids	Prior Auth Required	03/15/2011	6
Morphine Sulfate 200mg ER	Opioids	Prior Auth Required	03/15/2011	6
Propoxy Hcl 65mg	Opioids	Prior Auth Required	03/15/2011	6
Ultram ER 300mg	Opioids	Prior Auth Required	03/15/2011	6
Tramadol ER 200mg	Opioids	Prior Auth Required	03/15/2011	6
Oxycodone/Apap 10/325mg	Opioids	Prior Auth Required	03/15/2011	6
Oxycodone/Apap 10/650mg	Opioids	Prior Auth Required	03/15/2011	6
Hydrocodone/Apap 2.5/500mg	Opioids	Prior Auth Required	03/15/2011	6
Cyclobenzaprine 5mg	Muscle Relaxant	Prior Auth Required	03/15/2011	34
Fexmid 7.5mg	Muscle Relaxant	Prior Auth Required	03/15/2011	
Metaxalone 800mg	Muscle Relaxant	Prior Auth Required	03/15/2011	34
Orphenadrine 100mg ER	Anticholinergic muscle relaxant	Prior Auth Required	03/15/2011	34
Zanaflex (all strengths)	Adrenergic agonist	Prior Auth Required	03/15/2011	34
Desoximetasone Cream and Ointment (all strengths)	Anti-inflammatory agents	Prior Auth Required	03/15/2011	42
Halobetasol Cream and Ointment	Anti-inflammatory agents	Prior Auth Required	03/15/2011	42

HC Valerate Ointment 0.2%	Anti-inflammatory agents	Prior Auth Required	03/15/2011	42
Cholestyramine Pow 4GM and 4GM Lite	Bile acid sequestrant	Prior Auth Required	03/15/2011	15
Prevalite Pow 4GM	Bile acid sequestrant	Prior Auth Required	03/15/2011	15
Tricor 145mg and 48mg	Fibrate	Prior Auth Required	03/15/2011	16
Triglide 50mg	Fibrate	Prior Auth Required	03/15/2011	16
Fenoglide 40mg and 120mg	Fibrate	Prior Auth Required	03/15/2011	16
Triglide 160mg	Fibrate	Prior Auth Required	03/15/2011	16
Antara 43mg and 130mg	Fibrate	Prior Auth Required	03/15/2011	16
Fenofibrate	Fibrate	Prior Auth Required	03/15/2011	16
Nabumetone 500mg and 750mg	NSAID	Prior Auth Required	03/15/2011	34
Felodipine ER 2.5mg, 5mg and 10mg	Calcium Channel Blocker	Prior Auth Required	03/15/2011	16
Dynacirc CR 10mg	Calcium Channel Blocker	Prior Auth Required	03/15/2011	16
Amlodipine/Benazepril (all strengths)	Calcium Channel Blocker	Prior Auth Required	03/15/2011	18
Quinapril/HCTZ (all strengths)	ACE Inhibitor	Prior Auth Required	03/15/2011	15
Fosinopril/HCTZ 10/12.5 and 20/125mg	ACE Inhibitor	Prior Auth Required	03/15/2011	15
Metoprolol/HCTZ (all strengths)	Beta-adrenergic Antagonist	Prior Auth Required	03/15/2011	16
Exforge (all strengths)	Calcium Channel Blocker	Prior Auth Required	03/15/2011	18
Acetazolamide 500mg	Carbonic anhydrase inhibitor	Prior Auth Required	03/15/2011	28
Hydrochlorothiazide 12.5mg tab	Diuretic	Prior Auth Required	03/15/2011	22
Triamt/Hctz 50/25mg	Diuretic combination	Prior Auth Required	03/15/2011	22
Promethazine Sup 50mg	Phenothiazine	Prior Auth Required	03/15/2011	29
Cetirizine 5mg and 10mg Chewable	Antihistamine	Prior Auth Required	03/15/2011	7
Claritin 5mg Chewable	Antihistamine	Prior Auth Required	03/15/2011	7
Omeprazole	Proton pump inhibitor	Prior Auth Required	03/15/2011	30
Pantoprazole	Proton pump inhibitor	Prior Auth Required	03/15/2011	30
Oxazepam (all strengths)	Benzodiazepines	Prior Auth Required	03/15/2011	21
Buspirone 30mg and 7.5mg	Azaspirone	Prior Auth Required	03/15/2011	21
Mirtazapine 15mg and 30mg ODT	Tetracyclic	Prior Auth Required	03/15/2011	19
Trazodone 300mg	Triazolopyridine	Prior Auth Required	03/15/2011	19
Paroxetine ER 12.5, 25 and 37.5 mg	SSRI	Prior Auth Required	03/15/2011	19
Imipramine Pam Cap 75, 100mg	Tricyclic	Prior Auth Required	03/15/2011	19
Temazepam 7.5mg	Benzodiazepine	Prior Auth Required	03/15/2011	20
Diclofenac 25mg EC and 100mg ER	NSAID	Prior Auth Required	03/15/2011	33
Etodolac ER 400, 500 and 600mg	NSAID	Prior Auth Required	03/15/2011	33
Indomethacine Cap 75mg	NSAID	Prior Auth Required	03/15/2011	33
Naprelan CR 375 and 500mg	NSAID	Prior Auth Required	03/15/2011	33
Piroxicam 10mg and 20mg	NSAID	Prior Auth Required	03/15/2011	33
Adapalene 0.1% Cream & 0.1% Gel	Retinoid	Prior Auth Required	03/15/2011	41
Differin Gel 0.3%	Retinoid	Prior Auth Required	03/15/2011	41
Azelex Cream	Antibacterial antikeratinizing agent	Prior Auth Required	03/15/2011	41
Atralin Gel 0.05%	Retinoid	Prior Auth Required	03/15/2011	41
Clindamycin1% Gel and 1% Lot	Antibacterial	Prior Auth Required	03/15/2011	41
Bactroban Cream 2%	Antibacterial	Prior Auth Required	03/15/2011	41
Ciclopirox 0.77% Gel	Antifungal	Prior Auth Required	03/15/2011	41
Oxistat 1% Cream and 1% Lot	Azole Antifungal	Prior Auth Required	03/15/2011	41

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Apidra Inj	Insulin	Formulary Approved	03/15/2011	
Vyvanse (all strengths)	Stimulant	Formulary Approved	03/15/2011	
Travatan Z	Prostaglandin analogue	Formulary Approved	03/15/2011	
Travatan Drops	Prostaglandin analogue	Prior Auth Required	03/15/2011	28
Asmanex Aer (all strengths)	Steroid	Prior Auth Required	03/15/2011	39
Alomide Sol 0.1%	Mast Cell Stabilizer	Prior Auth Required	03/15/2011	28

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)
Lipitor	Prior use of Simvastatin
Losartan	Prior use of ACEI (HCTZ)
Benicar	Prior use of Losartan (HCTZ)
Advair	Prior use of inhaled corticosteroid
Dulera	Prior use of inhaled corticosteroid

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