



MOLINA HEALTHCARE OF FLORIDA DRUG FORMULARY UPDATE

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.
Zantac (Ranitidine) Syrup (all strengths)	H2 Blocker	Step Therapy Required	05/25/2011	30
Cefaclor (all forms and strengths)	Cephalosporins	Step Therapy Required	05/25/2011	9
Cefaclor ER 500mg	Cephalosporins	Step Therapy Required	05/25/2011	9
Cefzil (Cefprozil all forms and strengths)	Cephalosporins	Step Therapy Required	05/25/2011	9
Ceftin (Cefuroxime all forms and strengths)	Cephalosporins	Step Therapy Required	05/25/2011	9
Zinacef Injection (Cefuroxime)	Cephalosporins	Step Therapy Required	05/25/2011	9
Cefdinir (all forms and strengths)	Cephalosporins	Step Therapy Required	05/25/2011	9
Suprax (all forms and strengths)	Cephalosporins	Step Therapy Required	05/25/2011	9
Venlafaxine tablets (all strengths)	Antidepressants	Non Formulary	05/25/2011	19
Betaseron Inj 0.3mg	Interferons	Non Formulary	05/25/2011	14
Extavia Injection 0.3mg	Interferons	Prior Auth Required	05/25/2011	14
Actos Plus (all strengths)	Oral Antidiabetics	Step Therapy Required	05/25/2011	24
Vivelle Patches (all strengths)	Estrogens	Prior Auth Required	05/25/2011	23
Kombiglyze Tabs 5-1000mg	Oral Antidiabetics	Step Therapy Required	05/25/2011	
Apriso Capsules 0.375GM	Aminosalicylate	Formulary Approved	05/25/2011	
Plavix 75mg and 300mg	Antiplatelets	Prior Auth Required	05/25/2011	17
Azithromycin 600mg tabs	Macrolides	Prior Auth Required	05/25/2011	10
Azithromycin Inj (all strengths)	Macrolides	Prior Auth Required	05/25/2011	10

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)
Zantac Syrup	Prior use of Cimetidine Solution
Cefaclor	Prior use of amoxicillin or cephalixin
Cefprozil	Prior use of amoxicillin or cephalixin
Cefuroxime	Prior use of amoxicillin or cephalixin

Cefdinir	Prior use of amoxicillin or cephalixin
Suprax	Prior use of amoxicillin or cephalixin
Venlafaxine tablets	Please use Venlafaxine Capsules
Actos Plus	Prior use of Metformin
Kombiglyze tablets	Prior use of Metformin

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