



Just the Fax

A fax bulletin for Molina Healthcare of California (MHC), October 11, 2011



MOLINA HEALTHCARE OF CALIFORNIA DRUG FORMULARY UPDATE

August 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.
Balsalazide (Balsalazide Disodium 750 mg Capsule)	Inflammatory Bowel Agents	Formulary for age \geq 21. Max #9/day. For age \leq <21, bill CCS.	9/1/11	39
<i>Climara</i> (Estradiol Patch Weekly 0.05 mg/24hr)	Estrogens	Formulary, max 8 patch/month.	9/1/11	33
<i>Climara</i> (Estradiol Patch Weekly 0.1 mg/24hr)	Estrogens	Formulary, max 8 patch/month.	9/1/11	33
<i>Duragesic</i> (Fentanyl Transdermal Patch)	Opiate Agonists	Formulary with Step Therapy for Morphine Sulfate ER or Methadone. Max 10 patch/month.	9/1/11	14
<i>Fosamax</i> (Alendronate 5mg, 10mg, 70mg Tablet)	Osteoporosis Agents	Formulary for age \geq 50, PA required for age <50. Limited to #1/day for 5mg and 10mg; and #4/month for 70mg.	9/1/11	37
<i>Mevacor</i> (Lovastatin)	HMG-CoA Reductase Inhibitors	Formulary, max #1/day; 40mg – max #2/day	9/1/11	23
<i>Miacalcin</i> (Calcitonin-Salmon 200 unit Nasal Spray)	Osteoporosis Agents	Formulary for age \geq 50, max #1 spray/day, 1 bottle/month	9/1/11	37
Natroba 0.9% Suspension (Spinosad 0.9% Suspension)	Scabicides & Pediculicides	Non-Formulary, PA required.	9/1/11	36
Pentasa (Mesalamine 250mg, 500mg Capsule)	Inflammatory Bowel Agents	Non-Formulary, PA required.	9/1/11	39
<i>Pravachol</i> (Pravastatin)	HMG-CoA Reductase Inhibitors	Formulary, max #1/day	9/1/11	23
Prevacid 24HR (Lansoprazole OTC DR 30mg DR 15mg Capsule)	Proton Pump Inhibitors	Formulary, max #2/day	9/1/11	38
<i>Prevacid</i> (Lansoprazole DR 30mg Capsule)	Proton Pump Inhibitors	Formulary, max #1/day	9/1/11	38
<i>Prilosec</i> (SM Omeprazole DR 20mg Tablet)	Proton Pump Inhibitors	Formulary, max #2/day	9/1/11	38
<i>Protonix</i> (Pantoprazole 40mg Tablet)	Proton Pump Inhibitors	Formulary, max #1/day	9/1/11	38
TrueTest (Glucose Test Strips)	Diabetic Supplies	Formulary for use with oral diabetic medications, limited to 50/mo	9/1/11	8
TrueTest (Glucose Test Strips)	Diabetic Supplies	Formulary for use with insulin or gestational pregnancy, limited to 150/mo	9/1/11	8
<i>Zocor</i> (Simvastatin 80mg)	HMG-CoA Reductase Inhibitors	Non-Formulary, PA required for new start. Limited to prior use only.	9/1/11	23

* 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.

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DRUG NAME TRADE (generic)	Prior Authorization Criteria (abbreviated)
<i>Duragesic</i> (Fentanyl Transdermal Patch)	Formulary with Step Therapy. Limited to failure or intolerance to Morphine Sulfate ER or Methadone. Limited to 10/month.
<i>Fosamax</i> (Alendronate 5mg, 10mg, 70mg Tablet)	Formulary for age \geq 50. PA required for members age <50, limited to Dx = Osteoporosis and BMD T-Score less than -2.5
<i>Miacalcin</i> (Calcitonin-Salmon 200unit Nasal Spray)	Formulary for age \geq 50. PA required for members age <50, limited to Dx = Osteoporosis and BMD T-Scores less than -2.5
Natroba 0.9% Suspension (Spinosad 0.9% Suspension)	PA required, use preferred agents: Nix Shampoo or Malathion.
Pentasa (Mesalamine 250mg, 500mg Capsule)	PA required, use preferred agents: Asacol, or Asacol HD.
<i>Zocor</i> (Simvastatin 80mg)	PA required for new start. Limited to prior use only.

* Italicize indicates generic availability.

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>