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A fax bulletin for Molina Healthcare providers • May 21, 2010



MOLINA HEALTHCARE OF CALIFORNIA DRUG FORMULARY UPDATE

May 2010

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

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
INTUNIV (Guanfacine HCl SR 24Hr)	Attention-Deficit/Hyperactivity Disorder (ADHD) Agents	Non-Formulary, PA required	6/1/2010	
VICTOZA (Liraglutide Injection)	Incretin Mimetic Agents	Non-Formulary, PA required	6/1/2010	
ULESFIA (Benzyl Alcohol Lotion)	Scabicides & Pediculicides	Formulary, PA required with Step Therapy for Nix, Rid, or Lindane	6/1/2010	
PATANASE (Olopatadine HCl Nasal Soln)	Nasal Antiallergy	Non-Formulary, PA required	6/1/2010	
PATADAY (Olopatadine HCl Ophth Soln)	Ophthalmic Antiallergic	Non-Formulary, PA required	6/1/2010	
PATANOL (Olopatadine HCl Ophth Soln)	Ophthalmic Antiallergic	Formulary, PA required with ST for Zaditor/Alaway and age ≤18; max 5mL/30 day	6/1/2010	
WELLBUTRIN SR (Bupropion HCl Tab SR 12Hr)	Misc. Antidepressants	Formulary, max 2/day	6/1/2010	
BIAXIN (Clarithromycin Tab)	Macrolide Antibiotics	Formulary, max #28/14 day	6/1/2010	
DIASTAT (Diazepam Rectal Gel Delivery System)	Anticonvulsant - Benzodiazepines	Formulary, PA required	6/1/2010	
MIRALAX (Polyethylene Glycol 3350 Oral Powder Can)	Miscellaneous Laxatives	Formulary, max 527gm/30 day	6/1/2010	

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.

DRUG NAME TRADE (generic)	Prior Authorization Criteria (abbreviated)
INTUNIV (Guanfacine HCl SR 24HR)	Use Guanfacine immediate release
VICTOZA (Liraglutide Injection)	For intolerant or failure to respond to an adequate trial with dual therapy of metformin and Actos AND BMI ≥35 kg/m ²
ULESFIA (Benzyl Alcohol Lotion)	For therapy resistant to Nix, Rid, or Lindane
PATANASE (Olopatadine HCl Nasal Soln)	Use Fluticasone or Flunisolide
PATADAY (Olopatadine HCl Ophth Soln)	Use Zaditor or Alaway
PATANOL (Olopatadine HCl Ophth Soln)	For intolerant or failure to respond to therapy with Zaditor or Alaway and age ≤18

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>

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