



Just the Fax

A fax bulletin for Molina Healthcare providers • March 12, 2010



MOLINA HEALTHCARE OF CALIFORNIA DRUG FORMULARY UPDATE

February 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.
Bepreve (bepotastine besilate)	Misc. Ophthalmics	PA required	3/1/2010	42
Livalo (pitavastatin)	HMG CoA Reductase Inhibitors	PA required	3/1/2010	21
Onglyza (saxagliptin)	Dipeptidyl Peptidase-4 (DPP-4) Inhibitors	PA required	3/1/2010	16
Twynsta (telmisartan/almodipine)	Angiotensin II Receptor Antagonist & Calcium Channel Blocker Combination	PA required	3/1/2010	26
OxyIR (oxycodone immediate release)	Opioid Agonists	Formulary; 5mg capsules & 5mg tablets limited to #8/day, 15mg & 30 mg tablets limited to #4/day.	2/15/2010	14
MS IR (morphine sulfate immediate release)	Opioid Agonists	Formulary	2/15/2010	14
Darvocet N-50 (propoxyphene napsylate 50-325mg)	Narcotic Combinations	PA required	3/1/2010	14
Darvocet A-500 (propoxyphene napsylate 100-500mg)	Narcotic Combinations	PA required	3/1/2010	14
Naphcon (naphazoline hcl)	Ophthalmic Decongestant	PA required	3/1/2010	42
Naphcon-A (naphazoline hcl/ pheniramine maleate)	Ophthalmic Decongestant Antihistamine Combinations	PA required	3/1/2010	42
Patanol (olopatadine hcl)	Ophthalmic Antihistamine Agents	PA required	3/1/2010	42
Percocet (oxycodone-APAP) 2.5/325mg, 7.5/500mg, &10/650mg	Narcotic Combinations	PA required	3/1/2010	13
Percocet (oxycodone-APAP) 7.5/325mg & 10/325mg	Narcotic Combinations	PA required, Step Therapy for Oxycodone APAP 5/325mg.	3/1/2010	13
Percodan (oxycodone/ASA)	Narcotic Combinations	PA required	3/1/2010	13
Soma 250mg (carisoprodol)	Central Muscle Relaxants	PA required	3/1/2010	40
Norflex ER (orphenadrine ER)	Central Muscle Relaxants	PA required	3/1/2010	40

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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)
Bepreve (bepotastine besilate)	Use Zaditor or Alaway OTC
Livalo (pitavastatin)	Use simvastatin
Onglyza (saxagliptin)	Use metformin or sulfonylureas
Twynsta (telmisartan/almodipine)	Use separate agents
Naphcon (naphazoline hcl)	Limited to 4 fills/year
Naphcon-A (naphazoline hcl/ pheniramine maleate)	Limited to 4 fills/year
Patanol (olopatadine hcl)	Use Zaditor or Alaway OTC
Percocet (oxycodone-APAP) 7.5/325mg & 10/325mg	For intolerant to oxycodone-APAP 5/325mg or those requiring higher dose of oxycodone without increasing APAP dose.
Percodan (oxycodone/ASA)	For intolerant or failure to respond to oxycodone-APAP 5/325mg.
Soma 250mg (carisoprodol)	Use carisoprodol 350mg
Norflex ER (orphenadrine ER)	For intolerant or failure to respond to all generic muscle relaxant.

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 a 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>