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## **MOLINA HEALTHCARE OF MICHIGAN DRUG FORMULARY UPDATE**

**The following is a summary of changes to the Molina Healthcare Formulary:**

<b>Drug Name</b>	<b>Therapeutic Category</b>	<b>Formulary Status</b>
Victrelis (boceprevir)	Hepatitis C	Preferred Product 8-1-2011
Onglyza, Komiblyze XR	Oral anti diabetes	Formulary step therapy added May, 2011. Same rules as Januvia and Janumet. A1C will be required for evaluation
Nasonex	Nasal steroids	Non Formulary. Generic Flonase preferred
Dulera (mometasone furoate/formoterol fumarate)	ICS/long acting beta Combo	Formulary. Preferred product for asthma - 12 years and older. ST after ICS trial

For Formulary medications, PA criteria can be found in the Drug Formulary (book and "At a Glance"), Provider Manual or EzRx newsletters. This information is sent to all Providers but may also be found on the Molina website at: <http://www.molinahealthcare.com>.

### **MOLINA HEALTHPLAN HAS A GENERIC ONLY POLICY AS DESCRIBED BELOW:**

This Policy requires utilization of generic medications as first line. When a generic is available for a branded medication, all requests for the brand version must include clear documentation of the failure of the generic prior to the request for a branded product. Documentation must be submitted that confirms the specific reason the generic cannot be used. In addition, an FDA MedWatch form must be completed and sent to the FDA with a copy sent to Molina Healthcare pharmacy verifying delivery. Also, when a generic is formulary within a therapeutic class there must be clear documentation of the failure of the generic prior to requests for non formulary brand products being approved.

**PLEASE REMEMBER THAT AN INTERACTIVE VERSION OF THE FORMULARY IS ALSO AVAILABLE FOR PDA DOWNLOAD AT [WWW.EPOCRATES.COM](http://WWW.EPOCRATES.COM)**