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A fax bulletin for Molina Healthcare providers • _____, 2009



MOLINA HEALTHCARE OF MICHIGAN DRUG FORMULARY UPDATE

April 2009

The status of the following medications has changed in the 2009 Molina Healthcare of Michigan Drug Formulary:

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
Chantix (varenicline)	Smoking Deterrents	Added	4/3/09	34
Diovan (valsartan)	ARB	Removed	4/3/09	21
Micardis (telmisartan)	ARB	Added with Step Therapy	4/3/09	21
Nasacort AQ (triamcinolone)	Inhaled Nasal Steroid	Removed	4/3/09	24, 43
Omeprazole Capsules	PPI	Added	4/3/09	29
Plendil (felodipine)	Calcium Antagonist	Removed	4/3/09	20
Rhinocort AQ (budesonide)	Inhaled Nasal Steroid	Removed	4/3/09	24,43

PRIOR AUTHORIZATION CRITERIA. The following criteria are either new or revised. Prior authorization criteria for Formulary medications are found at the back of the 2009 Drug Formulary and on the Molina Healthcare website.

DRUG NAME TRADE (generic)	Prior Authorization Criteria (abbreviated)
Astepro (azelastaine)	Documented failure on Astelin
Gelclair	Documented failure on formulary Triple Mix
Pristiq (desvenlafaxine)	State addition
Relistor	Documented failure on both 1 st an 2 nd line formulary medication
Simcor (simvastatin /niacin)	Documented failure on formulary statin

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 AN INTERACTIVE VERSION OF THE FORMULARY IS ALSO AVAILABLE FOR PDA DOWNLOAD AT WWW.EPOCRATES.COM**