



MOLINA HEALTHCARE of MICHIGAN DRUG FORMULARY UPDATE

October 2008

The status of the following medications has changed in the 2008 Molina Healthcare Drug Formulary:

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
Relistor (methylnaltrexone)	Opioid Antagonist	Formulary PA required	10/20/08	30
Nasarel (flunisolide)	Nasal Corticosteroids	Formulary (generic only)	10/20/08	24
Nasacort AQ, Rhinocort AQ	Nasal Corticosteroids	Non-Formulary	10/20/08	24
Simcor (simvastatin/niacin)	HMG CoA Reductase Inhibitors (Statins)	Formulary (Step Therapy and PA required – see below)	10/20/08	23

PRIOR AUTHORIZATION CRITERIA. The following criteria are either new or revised. Prior authorization criteria for Formulary medications are found at the back of the 2008 Drug Formulary and on the Molina Healthcare website.

DRUG NAME TRADE (generic)	Prior Authorization Criteria (abbreviated)
Nasonex (mometasone)	Failure of generic formulary agents fluticasone and flunisolide
Nasacort AQ, Vancenase AQ DS, Beconase AQ	Failure of generic formulary agents fluticasone and flunisolide
Simcor (simvastatin/niacin)	Failure of maximum doses of simvastatin or reduction in TG not attainable with simvastatin alone

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**

For information on how drugs are added or removed from the Formulary, please refer to your copy of the Molina Healthcare Drug Formulary. To request a drug for Formulary consideration, please send a written request to Molina Healthcare of MI, Attn: Pharmacy Director, 100 West Big Beaver Road, Suite 600, Troy Michigan, 48084

The presence of a drug on this Formulary Update does not serve as a recommendation for any specific patient nor implies that the drug is preferred over other Formulary products.