



Molina Healthcare of New Mexico, Inc.
Formulary Changes (Effective 2/1/2010)

To Molina Healthcare of New Mexico, Inc. (Molina Healthcare) practitioners/providers: Molina Healthcare strives to provide high quality care and adequate access to pharmaceuticals for our Members, while at the same time balancing the need to stretch the State of New Mexico's health care dollars. We periodically review the drug formulary to ensure that we offer access to appropriate, cost effective medications. Our Pharmacy and Therapeutics Committee recently completed such a review and approved the following changes to the formulary.

Please note that patients that are currently on any of the non formulary medications below will be able to fill their prescriptions for an additional 90 days beyond the 2/1/2010 effective date (through April 30, 2010). We will communicate with Members to ask that they see their practitioners/providers during this period to make arrangements for therapeutic equivalent medications for their conditions.

New prescriptions for non formulary medications will not fill starting 2/1/2010.

Thank you for providing high quality care to our Members.

Drug/Item	Change
Accucheck meters/strips	Accucheck no longer formulary. Will be replaced with True Track exclusively
Actonel	Now requires Step Therapy for generic Fosamax
Adalat CC generic	Added
Adderall XR	Quantity limited to 30 doses per 30 days
Altace (generic/ramipril)	Non formulary
Amerge	Non formulary
Aricept	Now requires Prior Authorization
Avalide	Non formulary
Avapro	Non formulary
Avandia	Non formulary
Axert	Non formulary
Benicar, Benicar HCT	Now requires Step Therapy for one Angiotensin Converting Enzyme Inhibitor (ACEI)
Celebrex	Only allowed for members 65 years of age or older
Concerta	Quantity limited to 30 doses per 30 days
Coreg CR	Non formulary
Cozaar, Hyzaar	Non formulary
Cytovene	Now requires Prior Authorization
Diastat	Now requires Prior Authorization
Diovan, Diovan HCT	Non formulary
Duragesic	Quantity limited to #10 per month
Frova	Non formulary
Gleevec	Now requires Prior Authorization
Haldol	Now requires Prior Authorization
Humalog	Non formulary. Formulary now exclusive for Novo insulins

Drug/Item	Change
Imitrex	Quantity limited to #9 per 45 days
Kytril	Now requires Step Therapy for generic ondansetron. Quantity limited to #6 per month
Lamictal XR	Non formulary
Lantus	Non formulary. Replaced with Levemir (a Novo product)
Lescol, Lescol XL	Non formulary
Lexapro	Non formulary Generic citalopram available
Levemir	Added to formulary
Mellaril	Now requires Prior Authorization
Metadate CD	Quantity limited to 30 doses per 30 days
Micardis, Micardis HCT	Now requires Step Therapy for one Angiotensin Converting Enzyme Inhibitor (ACEI)
Nasonex	Now requires Step Therapy for generic fluticasone
Ovide	Now requires Step Therapy for one generic permethrin agent
Oxytrol	Non formulary
Plan B	Quantity limited to 6 courses of treatment per year
Patanol	Now requires Step Therapy for OTC Zaditor
Plendil	Non formulary
Pravastatin	Added to formulary
Pulmicort Respules	Only covered for children up to 6 years of age.
Pulmozyme	Now requires Prior Authorization
Rebetol (Ribavirin)	Now requires Prior Authorization
Relpax	Quantity limited to # 6 per month
Tobi	Now requires Prior Authorization
Soma 250	This brand only strength is Non formulary
Stelazine	Now requires Prior Authorization
Strattera	Quantity limit of 30 doses for 30 days
Temodar	Now requires Prior Authorization
Thorazine	Now requires Prior Authorization
Zetia	Now requires Prior Authorization
Zofran	Quantity limited to # 6 per month
Zomig	Quantity limited to # 6 per month