



## MOLINA HEALTHCARE OF NEW MEXICO DRUG FORMULARY UPDATE

July 2009

**The status of the following medications has changed in the 2009 Molina Healthcare of New Mexico Drug Formulary:**

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
Actoplus Met (metformin and pioglitazone)	Anti Diabetic Agents Agents – Misc.	Added	07/01/09	
Astepro (azelastine)	Allergy Miscellaneous	Added	07/01/09	
Baraclude (entecavir)	Antivirals	Added	07/01/09	
Crestor (rosuvastatin)	Anti-Lipemics-HMG-CoA Reductase Inhibitors	Step Therapy loosened to require only trial and failure of generic simvastatin	07/01/09	
Duetact (glimepiride and pioglitazone)	Anti Diabetic Agents Agents-Misc	added	07/01/09	
Epivir HBV (lamivudine)	Antivirals	Added	07/01/09	
Hepsera (adefovir)	Antivirals	Added	07/01/09	
Janumet (sitagliptin/metformin HCl)	Anti Diabetic Agents Agents – Misc	Added with a Step Therapy for metformin	07/01/09	
Keppra IR (levetiracetam)	Anticonvulsants Anticonvulsants-misc	Added, requires Prior Authorization	07/01/09	
Kwell (lindane)		No longer available	07/01/09	
Levimir (insulin)	Anti-diabetic Agents Insulins	Added	07/01/09	
Nifedipine (dihydropyridine)	Calcium Antagonists	Added	07/01/09	
Ovide (malathion)	Anti-Infectives Misc	Added, Step Therapy for one generic permethrin	07/01/09	
Pravastatin (pravastatin)	Anti-Lipemics-HMG-CoA Reductase Inhibitors	Added	07/01/09	
Pro Air HFA (albuterol)	Respiratory Agents: Inhaled sympathomimetic agents	Added	07/01/09	
Seroquel/Seroquel-XR (quetiapine)	Psychotherapeutic Agents Antipsychotics – Atypical	Added for doses greater than 150 mg. Doses less than 150 mg not covered	07/01/09	
Symbicort (budesonide and formoterol inhalation)	Respiratory Agents Oral Inhaled Steroids	Added	07/01/09	
True Track	Glucose Test Strips	Added	07/01/09	
Tyzeka (telbivudine)	Antivirals	Added	07/01/09	

**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)
Keppra IR (levetiracetam)	Prior Authorization required
Singulair (montelukast)	Prior Authorization removed. Step Therapy for either inhaled steroid or beta agonist. Not covered for allergic rhinitis.
Sonata (zaleplon)	Prior Authorization removed
Tegretol XR (carbamazepine)	Prior Authorization removed

**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.