



A fax bulletin for Molina Healthcare providers • October 23, 2008



MOLINA HEALTHCARE OF NEW MEXICO DRUG FORMULARY UPDATE October 2008

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

Drug Name TRADE (Generic)	Therapeutic Category	Formulary Status	Effective Date	Formulary Page No.
Fenofibrate			10/14/08	

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)
Actonel	Quantity limits (35mg to #4/month)
Attention Deficit Hyperactivity Disorder (ADHD)- Adderall/Adderall XR/Concerta/Metadate CD	Quantity limits 70 per 30 days
Atypical antipsychotics (Clozaril, Geodon, Risperdal, Invega, Zyprexa, Abilify)	Please notify us when prescribing these using the preauthorization form so that we can ensure coordination of care with Value Options Behavioral Health
Biaxin	Quantity limited to 14 days therapy per 30 days
Catapres Patch	Patient must be unable to take orally or have documented compliance issues
Chantix	Concurrent smoking cessation program required
Crestor	Trial and failure of at least two generic HMG Co A inhibitors: pravastatin, lovastatin, simvastatin at maximum doses
Diamox Sequels	Must have diagnosis of glaucoma or documented compliance issue with immediate release formulation
Differin	Limited to patients less than 40 years of age
Dolophine/Oxycontin/Fentanyl Patch	Trial and failure of short acting opiates for a minimum of three months
Elidel	Trial and failure of generic high dose topical steroids such as: betamethasone dipropionate, fluocinonide, clobetasol or augmented betamethasone
Januvia	Approved as add on therapy after an adequate trial and failure of a sulfonylurea and/or Metformin
Loniten	Plan exclusion, neither oral nor topical formulations are covered for male pattern baldness
Lovenox Inj	Quantity limited to 14 doses per month
Meridia	Requires BMI > or = 40, a nutritional assessment, and dietary log
Nicotine inhaler, lozenge, nasal spray, patch, polacrilex	Initial 3months therapy covered without prior authorization. Therapy beyond 3 months requires

	prior authorization
Protopic	Trial and failure of generic high dose topical steroids such as: betamethasone dipropionate, fluocinonide, clobetasol or augmented betamethasone
Retin-A	Limited to patients less than 40 years of age
Singulair	No prior authorization required for use in Asthma; For Allergic Rhinitis requires trial and failure of at least two formulary antihistamines, nasal steroids, or decongestants.
Sonata	Trial and failure of at least three formulary agents such as temazepam, triazolam, alprazolam, lorazepam, hydroxyzine, chloral hydrate, buspirone or zolpidem. Quantity limited to 15 capsules/30days
Spacer for inhalers	Two spacers covered per year. Prior authorization required only for spacers in excess of two per year.
Strattera	Trial and failure of one other formulary medications such as dextroamphetamine CR, methylphenidate ER, Metadate CD, Adderall XR, Concerta
Tegretol XR	Trial and failure of generic carbamazepine
Topamax	Covered for treatment of seizures or migraines when prescribed by a neurologist. Not approved or covered for psychiatric use
Vytorin	Trial and failure of at least two generic HMG Co A inhibitors such as pravastatin, lovastatin, simvastatin at maximum doses

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.

Lyrica and Cymbalta

Neither Lyrica nor Cymbalta are on the Molina formulary. For the diagnoses of fibromyalgia, neuralgia or neuropathic pain, these may be approved if there has been a documented 3 month trial and failure of two formulary agents to include Neurontin and an SSRI such as citalopram, paroxetine, fluoxetine, sertraline. Please submit the standard prior authorization request with appropriate clinical documentation.

Cymbalta will generally not be approved for depression as there are many formulary agents available for the treatment of depression. However, you may submit a prior authorization request with any supporting information.

Over the Counter Cough and Cold Preparations for Children

Recently, the Consumer Healthcare Products Association (CHPA), an association that represents most of the makers of nonprescription over-the-counter (OTC) cough and cold medicines in children, recently announced that its members are voluntarily modifying the product labels for consumers of OTC cough and cold medicines to state "**do not use**" in children 4 years of age and younger.

As a result of this action, Molina Healthcare of New Mexico has made the decision to block these medications from being filled for members 4 years of age and younger.