

Drug	Indication	Explanation
Aciphex	reflux, GERD	Aciphex is non-formulary. The PPI Molina's formulary is Prilosec OTC, which is covered when prescribed by a provider. The member must present a prescription for Prilosec OTC to the pharmacy Molina. MAD 8.324.4.15.
Actos	diabetes	Actos is non-formulary. Formulary alternatives include glipizide, tolazamide, glyburide, glimepiride, metformin, rosiglitazone. MAD 8.324.4.15.
Aggrenox	TIA's	Aggrenox is non-formulary. Formulary alternatives include clopidogrel and ticlopidine. MAD 8.324.4.15.
Aldex AN	allergic rhinitis	Aldex AN is non-formulary. Formulary alternatives include hydroxyzine, loratidine, perphenazine/chlorpheniramine, flunisolide, fluticasone nasal sprays, phenylephrine, pseudoephedrine. MAD 8.324.4.15.
Alinia	Giardia/diarrhea	Alinia is non-formulary. Formulary alternatives include Furoxone and metonidazole. MAD 8.324.4.15.
Allegra	allergy	Allegra is non-formulary. Alternatives include generic fexofenadine. MAD 8.324.4.15.
Allegra D	allergy	Allegra D is non-formulary. Alternatives include generic fexofenadine/pseudoephedrine extended release. MAD 8.324.4.15
Alomide	conjunctivitis	Alomide is non-formulary. Formulary alternative is olopatadine (Patanol) ophthalmic solution. MAD 8.324.4.15.
Alrex	ophthalmic corticosteroid	Alrex is non-formulary. Formulary ophthalmic antiinflammatory alternatives include dexamethasone, prednisolone acetate, prednisolone phosphate, fluorometholone, or loteprednol etabonate (Lotemax). MAD 8.324.4.15.
Ambien CR	insomnia	Ambien CR is non-formulary. Formulary alternatives include triazolam, zolpidem. MAD 8.324.4.15.
Amitiza	constipation, IBS	Amitiza is non-formulary. Formulary alternatives include docusate sodium, senna. MAD 8.324.4.15.
Amrix	muscle spasms	Amrix is non-formulary. Formulary alternatives include baclofen, cyclobenzaprine, carisoprodol, chlorzoxazone. MAD 8.324.4.15.
Asmanex	asthma	Asmanex is non-formulary. Formulary alternatives for the treatment of asthma include inhaled steroids such as beclomethasone, fluticasone, budesonide, or Singular. MAD 8.324.4.15.
Atacand	hypertension	Atacand is non-formulary. Formulary alternatives include olmesartan, irbesartan, losartan, valsartan, telmisartan. MAD 8.324.4.15.
Avastin	diabetic macular edema	Avastin is not indicated for the treatment of diabetic macular edema. The New Mexico Medicaid program includes a limited benefit for experimental and investigational treatment. The benefit is limited to approved cancer clinical trials performed in New Mexico. We are not able to approve this request. MAD 8.325.6.11.
Avodart	BPH	Avodart is non-formulary. Formulary alternatives for treatment of benign prostate hyperplasia include Cardura, Hytrin, Flomax. MAD 8.324.4.15.
Azelex	acne	Azelex is non-formulary. Formulary alternatives include topical erythromycin, topical clindamycin, topical sulfacetamide. MAD 8.324.4.15
Biafine cream	skin reaction to radiation therapy	Biafine is non-formulary. Formulary alternatives include topical tretinoin, topical steroids. MAD 8.324.4.15.
Boniva	Osteoporosis	Boniva is non-formulary. Formulary alternatives include risedronate and alendronate. MAD 8.324.4.15.
Byetta	diabetes	Byetta is non-formulary. Formulary alternatives include glipizide, tolazamide, glyburide, glimepiride, metformin, rosiglitazone. MAD 8.324.4.15.
Clindesse	vaginosis	Clindesse is non-formulary. Formulary alternative is metronidazole vaginal gel. MAD 8.324.4.15.
Coreg CR	hypertension	Coreg CR is non-formulary. Formulary alternatives include labetalol, Coreg, atenolol, metoprolol. MAD 8.324.4.14.
Cosopt	glaucoma	Cosopt is non-formulary. Formulary alternatives for glaucoma include methazolamide, acetazolamide, dorzolamide (Trusopt), brinzolamide (Azopt). MAD 8.324.4.15.
Cymbalta	Depression	Cymbalta is non-formulary. Formulary alternatives include fluoxetine, escitalopram, citalopram, sertraline, and paroxetine. MAD 8.324.4.15.
Cymbalta	pain	Cymbalta is not indicated for pain secondary to knee prosthesis. Formulary alternatives include non-steroidal and steroidal antiinflammatories, and other narcotic analgesics. MAD 8.324.4.15.
Cymbalta	headaches	Cymbalta is not indicated for headache and is non-formulary. Formulary alternatives for headache include triptans, non-steroidal antiinflammatories, and opioid analgesics. MAD 8.324.4.15.

Cymbalta	anxiety	Molina Health Plan follows the AAP Policy Statement to determine which members should receive Synagis. Submitted documentation does not demonstrate that the member meets criteria for coverage. MAD 8.324.4.15
Cymbalta	bipolar disorder	Cymbalta is non-formulary. Formulary alternatives include Clozaril, Geodon, Risperdal, Zyprexa, Abilify. MAD 8.324.4.15.
Cymbalta	neuropathy/fibromyalgia	Cymbalta is non-formulary. To be approved requires documented 3 month trial and failure of two formulary agents to include gabapentin and an SSRI such as citalopram, paroxetine, fluoxetine, sertraline. MAD 8.324.4.15.
Cymbalta	root lesions	Cymbalta is non-formulary. Formulary alternatives include non steroidal or opioid analgesic agents, phenytoin, gabapentin, carbamazepine. MAD 8.324.4.15
Cymbalta 60 mg bid	depression	The maximum indicated dose for Cymbalta for the treatment of depression is 60 mg per day. There is no evidence that doses greater than 60mg per day confers any additional benefits. MAD 8.324.4.15.
Daytrana	ADHD	Daytrana is non formulary. Formulary alternatives include dextroamphetamine CR, methylphenidate ER, Metadate CD, Adderall XR, Concerta. MAD 8.324.4.15.
Duac CS Kit	acne	Duac CS kit is non-formulary. Formulary alternative is topical benzoyl peroxide/clindamycin (Benzaclin) which does not require pre-authorization. MAD 8.324.4.15.
Exelon	alzheimer's	Exelon is non-formulary. Formulary alternative is Aricept. MAD 8.324.4.15.
Finacea gel	Rosacea	Finacea gel is non-formulary. Formulary alternatives include topical erythromycin, topical clindamycin, topical sulfacetamide. MAD 8.324.4.15
Flector patch	pain	Flector is non-formulary. Formulary alternatives include lidocaine 5% ointment, non-steroidal antiinflammatories, opioid analgesics. MAD 8.324.4.15.
Focalin XR	ADHD	Focalin XR is non formulary. Formulary alternatives include dextroamphetamine CR, methylphenidate ER, Metadate CD, Adderall XR, Concerta. MAD 8.324.4.15.
Hectorol	vitamin D therapy	Hectorol is non-formulary. Formulary alternatives include ergocalciferol and calcitriol. MAD 8.324.4.15.
Invega	antipsychotic	Invega is non-formulary. Formulary alternatives include ziprasidone, risperidone, olanzapine. MAD 8.324.4.15.
Januvia	diabetes	Januvia is covered as add on therapy after an adequate trial and failure of a sulfonyleurea and/or metformin. MAD 8.324.4.15.
Kadian	pain	Kadian is non-formulary. Formulary alternatives include generic morphine sustained release and oxycodone extended release. MAD 8.324.4.15.
Keppra XR	anti-convulsant	Keppra XR is non-formulary. Formulary alternatives include carbamazepine extended release and divalproex extended release. MAD 8.324.4.15.
Keppra	anti-convulsant	Keppra is non-formulary. Formulary alternatives include phenytoin, ethosuximide, carbamazepine, lamotrigine, divalproex, gabapentin, oscarbazepine, zonisamide. MAD 8.324.4.15.
Ketotifen	conjunctivitis	Ketotifen is non-formulary. Formulary alternative is olopatadine (Patanol) ophthalmic solution. MAD 8.324.4.15.
Lidoderm patch	pain	Lidoderm patch is non-formulary. Formulary alternatives include lidocaine 5% ointment, non-steroidal antiinflammatories, opioid analgesics. MAD 8.324.4.15.
Lipitor	cholesterol	Lipitor is non-formulary. Formulary alternatives include lovastatin, fluvastatin, and simvastatin. MAD 8.324.4.15
Lofibra	hypertriglyceridemia	Lofibra is non formulary. Would approve generic fenofibrate (consider 134mg or 160mg dose). MAD 8.324.4.15.
Lovaza	hypertriglyceridemia	Lovaza is non-formulary. Formulary alternatives include gemfibrozil, fenofibrate, or niacin. MAD 8.324.4.15.
Lunesta	sleepier	Lunesta is non-formulary. Formulary alternatives include triazolam, zolpidem. MAD 8.324.4.15.
Lyrica	headaches, cervicalgia	Lyrica is non-formulary and is not indicated for headaches or cervicalgia. Lyrica is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy, management of postherpetic neuralgia, adjunctive therapy for adult patients with partial onset seizures, and management of fibromyalgia. Formulary alternatives include non steroidal or opioid analgesic agents. MAD 8.324.4.15
Lyrica	failed back surgery, facet arthropathy	Lyrica is non-formulary. Formulary alternatives include non steroidal or opioid analgesic agents. MAD 8.324.4.15

Lyrica	plantar fasciitis	Lyrica is non-formulary and is not indicated for plantar fasciitis. Formulary alternatives include non steroidal or opioid analgesic agents. MAD 8.324.4.15.
Lyrica	carpal tunnel syndrome	Lyrica is non-formulary and is not indicated for carpal tunnel syndrome. Formulary alternatives include non steroidal or opioid agents, gabapentin, citalopram, paroxetine, fluoxetine, sertraline. MAD 8.324.4.15.
Lyrica	neuropathy	Lyrica is non-formulary. To be approved requires documented 3 month trial and failure of two formulary agents to include Neurontin and an SSRI such as citalopram, paroxetine, fluoxetine, sertraline. MAD 8.324.4.15.
Lyrica	fibromyalgia	Lyrica is non-formulary. To be approved requires documented 3 month trial and failure of two formulary agents to include gabapentin and an SSRI such as citalopram, paroxetine, fluoxetine, sertraline. MAD 8.324.4.15.
Lyrica	migraines	Lyrica is non-formulary. Formulary alternatives include almotriptan, eletriptan, rizatriptan, sumatriptan, zolmitriptan, frovatriptan, naratriptan. MAD 8.324.4.15.
Lyrica	paresthesia	Lyrica is non-formulary and not indicated for the treatment of paresthesias and is therefore considered experimental and investigational for this indication. The New Mexico Medicaid program includes a limited benefit for experimental and investigational treatment. The benefit is limited to approved cancer clinical trials performed in New Mexico. We are not able to approve this request. MAD 8.325.6.11.
Lyrica	spondylosis	Lyrica is non-formulary and is not indicated for lumbar spondylosis. Lyrica is indicated for the management of neuropathic pain associated with diabetic peripheral neuropathy, management of postherpetic neuralgia, adjunctive therapy for adult patients with partial onset seizures, and management of fibromyalgia. Formulary alternatives include non steroidal or opioid analgesic agents. MAD 8.324.4.15
Meridia	weight loss	Meridia is covered for members with documented Body Mass Index of 40 or greater and a nutritional assessment and dietary log is provided. We encourage you to continue your diet and exercise regimen. MAD 8.324.4.15.
Metadate CD (brand)	ADHD	Generic methylphenidate extended release is available. MAD 8.324.4.15.
Miacalcin	Osteoporosis	Miacalcin is non-formulary. Formulary alternatives include risedronate and alendronate. MAD 8.324.4.15.
Naftin cream	topical antifungal	Naftin is non-formulary. Formulary alternatives include topical nystatin, clotrimazole, ketoconazole, ciclopirox. MAD 8.324.4.15.
Namenda	alzheimer's	Namenda is non-formulary. Formulary alternative is Aricept. MAD 8.324.4.15.
Nexium	reflux, GERD	Nexium is non-formulary. Formulary alternative is Prilosec OTC, which is covered when prescribed. MAD 8.324.4.15.
Niferex	vitamins	Niferex is non-formulary. Formulary alternatives include Iberet-Folic 500. MAD 8.324.4.15.
Opana ER	pain	Opana ER is non-formulary. Formulary alternatives include oxycontin, mscontin, fentanyl patch, methadone. MAD 8.324.4.15.
Oxycontin	pain	Oxycontin is covered only after documented trial and failure of short acting opiates for a minimum of three months. Formulary opiates include oxycodone, propoxyphene, codeine, hydrocodone, hydromorphone, meperidine. MAD 8.324.4.15.
Pantoprazole	ulcer	Pantoprazole is non-formulary. Formulary alternative is Prilosec OTC, which is covered when prescribed. MAD 8.324.4.15.
Phentermine	weight loss	Phentermine is non-formulary. Formulary alternative is Meridia, which is covered for members with documented Body Mass Index of 40 or greater and a nutritional assessment and dietary log is submitted. We encourage you to continue your diet and exercise regimen. MAD 8.324.4.15.
Prestiq	depression	Prestiq is non-formulary. Formulary alternatives include fluoxetine, escitalopram, citalopram, sertraline, and paroxetine. MAD 8.324.4.15.
Prevacid		Prevacid is non-formulary. Formulary alternative is Prilosec OTC, which is covered when prescribed. MAD 8.324.4.15.
Pristiq	depression	Pristiq is non-formulary. Formulary alternatives include fluoxetine, escitalopram, citalopram, sertraline, and paroxetine. MAD 8.324.4.15.
Procrit	anemia	Procrit is only covered for anemia related to end stage renal disease, chronic renal failure, treatment with chemotherapy, AZT treated HIV patients, or to reduce allogenic blood transfusions in surgical patients. MAD 8.324.4.15.
Prometrium	hormone replacement	Prometrium is non-formulary. Formulary alternatives include medroxyprogesterone. MAD 8.324.4.15.
Protonix	ulcer	Protonix is non-formulary. Formulary alternative is Prilosec OTC, which is covered when prescribed. MAD 8.324.4.15.

Provigil	depression, lack of energy	Provigil is non-formulary, and is not indicated for depression or lack of energy. Provigil is indicated to improve wakefulness in adult patients with excessive sleepiness associated with narcolepsy, obstructive sleep apnea/hypopnea syndrome, and shift work sleep disorder. MAD 8.324.4.15.
Q-PAP	pain	Q-PAP is not on the Molina Healthcare of New Mexico generic formulary. Generic acetaminophen is covered. MAD 8.324.4.15.
Quasense	contraceptive	Quasense is non-formulary. Many formulary alternatives including ethynodiol, levonorgestrel, norethindrone. MAD 8.324.4.15.
Reclast	Osteoporosis	Reclast is non-formulary. Formulary alternatives include risedronate and alendronate. MAD 8.324.4.15.
Remicade	Juvenile Rheumatoid Arthritis	Remicade is not approved for use in Juvenile Rheumatoid Arthritis. Alternative approved treatment is Enbrel. MAD 8.324.4.15.
Retin A	acne	Retin A is covered for members less than 40 years of age. Formulary alternatives include topical benzoyl peroxide/clindamycin (Benzaclin) which does not require pre-authorization. MAD 8.324.4.15.
Risperdal	insomnia	Risperdal is not indicated for insomnia. Formulary alternatives include triazolam, zolpidem. MAD 8.324.4.15.
Rhinocort Aqua	allergies	Rhinocort Aqua is non-formulary. Formulary alternative is flunisolide, ipratropium, and fluticasone nasal sprays. MAD 8.324.4.15.
Rituximab	Graves disease	Rituximab is not indicated for the treatment of Graves disease. The New Mexico Medicaid program includes a limited benefit for experimental and investigational treatment. The benefit is limited to approved cancer clinical trials performed in New Mexico. We are not able to approve this request. MAD 8.325.6.11.
Rozerem	insomnia	Rozerem is non-formulary. Formulary alternatives include triazolam, zolpidem. MAD 8.324.4.15.
Seasonale	contraceptive	Seasonale is non-formulary. Many formulary alternatives including ethynodiol, levonorgestrel, norethindrone. MAD 8.324.4.15.
Seroquel	Depression, anxiety	Seroquel is non-formulary. Formulary alternatives include fluoxetine, escitalopram, citalopram, sertraline, and paroxetine. MAD 8.324.4.15.
Seroquel	anxiety	Seroquel is non-formulary. Formulary alternatives include meprobamate, buspirone. MAD 8.324.4.15.
Seroquel	insomnia	Seroquel is non-formulary and is not indicated for insomnia. Formulary alternatives include triazolam, zolpidem. MAD 8.324.4.15.
Seroquel	bipolar disorder	Seroquel is non-formulary. Formulary alternatives include Clozaril, Geodon, Risperdal, Zyprexa, Abilify. Will refer to Care Coordination for referral to Value Options Behavioral Health for care coordination. MAD 8.324.4.15.
Singulair	allergies	Singulair is not covered for allergies. Formulary alternatives include hydroxyzine, loratidine, perphenazine/chlorpheniramine, flunisolide, fluticasone nasal sprays, phenylephrine, pseudoephedrine. MAD 8.324.4.15.
Singulair	COPD/emphysema	Singulair is not indicated for Chronic Obstructive Pulmonary Disease. Formulary alternatives include atrovent, atrovent/albuterol inhalers, theophylline, inhaled steroids. MAD 8.324.4.15.
Skelaxin	muscle spasms	Skelaxin is non-formulary. Formulary alternatives include baclofen, cyclobenzaprine, carisoprodol, chlorzoxazone. MAD 8.324.4.15.
Soriatane	psoriasis	Soriatane is non-formulary. Formulary alternatives include calcipotriene (Dovonox) and cyclosporine microemulsion (Neoral). MAD 8.324.4.15.
Spiriva	asthma	Spiriva is non-formulary and is not indicated for asthma. Spiriva is indicated for for the long-term, once-daily, maintenance treatment of bronchospasm associated with chronic obstructive pulmonary disease (COPD), including chronic bronchitis and emphysema. Formulary alternatives for the treatment of asthma include inhaled steroids such as beclomethasone, fluticasone, budesonide, or Singular. MAD 8.324.4.15.
Spiriva	COPD/emphysema	Spiriva is non-formulary. Formulary alternatives include atrovent, atrovent/albuterol inhalers, theophylline, inhaled steroids. MAD 8.324.4.15.
Strattera	ADHD	The Plan requires previous trial and failure of two other medications in the class of medications used to treat ADD/ADHD. Formulary alternatives include dextroamphetamine CR, methylphenidate ER, Metadate CD, Adderall XR, Concerta. MAD 8.324.4.15.
Synagis	RSV	Molina Health Plan follows the AAP Policy Statement to determine which members should receive Synagis as well as the duration of monthly injections. Molina will not approve an injection for the month of October as it is not indicated in the AAP Policy Statement. MAD 8.324.4.15

Synagis	RSV	Molina Health Plan follows the AAP Policy Statement to determine which members should receive Synagis. Submitted documentation does not demonstrate that the member was premature, has congenital heart disease, chronic lung disease, or immunodeficiency to meet criteria for coverage. MAD 8.324.4.15
Synagis	RSV	Molina Health Plan follows the AAP Policy Statement to determine which members should receive Synagis. Submitted documentation does not demonstrate that the member has congenital heart disease, chronic lung disease, or immunodeficiency, or two or more additional risk factors to meet criteria for coverage. MAD 8.324.4.15
Tev-Tropin	short stature	Per Molina policy MCG-004 Human Growth Hormone is not medically necessary for the treatment of short stature in the absence of Growth Hormone Deficiency. Submitted documentation does not demonstrate Growth Hormone Deficiency. MAD 8.324.4.14.
Topamax	insomnia	Topamax is not indicated for insomnia. Formulary alternatives include triazolam, zolpidem. MAD 8.324.4.15.
Topamax	anxiety	Topamax is not indicated for depression or anxiety. Formulary anxiolytics include triazolam, temazepam, diazepam, alprazolam, lorazepam. Formulary antidepressants include fluoxetine, escitalopram, citalopram, sertraline, and paroxetine. MAD 8.324.4.15.
Topamax	intermittent explosive disorder	Topamax is not indicated for this condition. Formulary alternatives include Clozaril, Geodon, Abilify, Risperdal, Zyprexa. MAD 8.324.4.15.
Topamax	depression	Topamax is not indicated for depression. Formulary antidepressants include fluoxetine, escitalopram, citalopram, sertraline, and paroxetine. MAD 8.324.4.15.
Topamax	bipolar disorder	Topamax is not indicated for depression or bipolar disorder. Formulary antidepressants include fluoxetine, escitalopram, citalopram, sertraline, and paroxetine. Formulary antipsychotics include Clozaril, Geodon, Risperdal, Zyprexa, Abilify. MAD 8.324.4.15.
Topamax	migraines	Topamax is covered when prescribed by a neurologist. Formulary alternatives include almotriptan, eletriptan, rizatriptan, sumatriptan, zolmitriptan, frovatriptan, naratriptan. MAD 8.324.4.15.
Treximet	migraines	Treximet is non-formulary. Formulary alternatives include naproxen and sumatriptan. MAD 8.324.4.15.
Tricor	hypertriglyceridemia	Tricor is non formulary. Would approve generic fenofibrate or gemfibrozil. MAD 8.324.4.15.
Tricor	hyperlipidemia	Tricor is non formulary. Formulary alternative is generic fenofibrate (consider 134mg or 160mg dose) which is covered without prior authorization. MAD 8.324.4.15.
Uroxatrol	BPH	Uroxatrol is non-formulary. Formulary alternatives include Cardura (doxazosin), Minipress (prazosin), Flomax (tamulosin). MAD 8.324.4.15.
Veramyst	allergic rhinitis	Veramyst is non-formulary. Formulary alternatives include flunisolide, fluticasone, mometasone. MAD 8.324.4.15.
Verdeso	rash	Verdeso is non-formulary. Formulary alternatives include topical formulations such as hydrocortisone, flucinolone acetonide, desonide, betamethasone valerate, fluticasone, triamcinolone. MAD 8.324.4.15.
Vesicare	overactive bladder	Vesicare is non-formulary. Formulary alternatives include oxybutynin, tolterodine. MAD 8.324.4.15.
Viagra	ED	The New Mexico Medicaid program specifically excludes drugs used to treat sexual dysfunction. We are not able to approve this request. MAD 8.324.4.14, A, #10.
Vytorin	cholesterol	Vytorin is non-formulary. Formulary alternatives include simvastatin and Zetia. MAD 8.324.4.15
Vyvanse	ADHD	Vyvanse is non-formulary. Formulary alternatives include dextroamphetamine CR, methylphenidate ER, Metadate CD, Adderall XR, Concerta. MAD 8.324.4.15.
Wellbutrin XL	depression	Wellbutrin XL is non-formulary. Formulary alternatives include bupropion and bupropion sustained release. MAD 8.324.4.15.
Xenical	hyperlipidemia	Xenical is non-formulary, and is also not indicated for treatment of hyperlipidemia. Non statin formulary alternatives include niacin, cholestyramine, gemfibrozil, colesvelam, ezetimibe. MAD 8.324.4.15.
Xenical	weight loss	Xenical is non-formulary. Formulary alternative is Meridia, which is covered for members with documented Body Mass Index of 40 or greater and a nutritional assessment and dietary log is provided. MAD 8.324.4.15.

Xolair	asthma	Per Molina policy MCG-001 Xolair is covered when all criteria are met. Member does not have FEV-1 less than 80% of predicted, and does not have an IgE level greater than or equal to 30 IU/mL and less than or equal to 700 IU/mL. MAD 8.324.4.15.
Xyzal	antihistamine	Xyzal is non formulary. Formulary antihistamine alternatives include diphenhydramine, hydroxyzine, promethazine, perphenazine, chlorpheniramine. MAD 8.324.4.15.
Zanaflex	muscle spasms	Zanaflex is non-formulary. Formulary alternatives include baclofen, cyclobenzaprine, carisoprodol, chlorzoxazone. MAD 8.324.4.15.
Zegerid	reflux, GERD	Zegerid is non-formulary. Formulary alternative is Prilosec OTC, which is covered when prescribed by a provider, and the member presents a prescription to the pharmacy. MAD 8.324.4.15.