



March 24, 2005

Dear Molina Healthcare Provider,

This letter serves to notify you that several changes in the Molina Healthcare formulary will be made in the near future. Effective May 1, 2005, the medications listed below will no longer be covered by the Molina pharmacy benefit. A recent health plan review of the preferred drug list concluded that the alternative medications listed provide adequate therapeutic efficacy and equivalence to the drugs being deleted. Prior authorization approvals will be available for the small number of members who demonstrate true medical necessity per the criteria listed on the back of this letter for each deleted drug.

<b>Drugs Removed from the Molina Preferred Drug List Effective May 1, 2005</b>	
<b>Drug Deletions</b>	<b>Similar Drugs Still Covered</b>
ACTOS	Avandia
ZOCOR	Lovastatin (generic Mevacor)
OXYCONTIN, AVINZA	Extended-release morphine, Duragesic patches, many shorter-acting pain drugs
FLONASE, NASONEX	Flunisolide nasal spray

A "grandfather period" will not be allowed, so we encourage you to contact the patients for whom you have prescribed the deleted medications in the recent past. High prescribers of these drugs will soon be sent lists of Molina Healthcare members who have recently filled prescriptions to assist in the conversions. Beginning April 1, retail pharmacy software messaging will remind pharmacists and members of the impending changes.

We appreciate your cooperation with these formulary modifications and look forward to working with you to improve the usage of all medications prescribed for members of Molina Healthcare.

Sincerely,

A handwritten signature in black ink that reads "Ann O Wehr MD".

Ann O. Wehr, MD  
Chief Medical Officer

A handwritten signature in black ink that reads "David A. Havlovic".

David A. Havlovic  
Pharmacy Director