

Provider Update

Quarterly Pharmacy Formulary Change Notice

Summary of Change: The formulary changes listed in the table below were reviewed and approved by the Molina Pharmacy and Therapeutics Committee or are required by state contract, regulation and/or statute.

These formulary changes apply to only Centennial Care Program members.

Effective March 1, 2015			
Therapeutic Class	Drug	Revised Status	Potential Alternatives
Antidepressant (SNRI)	Desvenlafaxine (Prestiq®)	Formulary with Prior Authorization	venlafaxine
Antidepressant (SSRI)	Paroxetine mesylate (Pexeva®)	Formulary with Prior Authorization	paroxetine
Antidepressant (SSRI)	Paroxetine CR (Paxil CR®)	Formulary with Prior Authorization	paroxetine
Antidepressant (TCA)	Trimipramine (Surmontil®)	Formulary with Prior Authorization	imipramine
Antidepressant (Tetracyclic)	Amoxipine	Formulary with Prior Authorization	imipramine
Antipsychotic	Pimozide (Orap®)	Formulary with Prior Authorization	loxapine, haloperidol
Antidepressant/ Antipsychotic Combination	Fluoxetine w/ olanzapine	Formulary with Prior Authorization	fluoxetine + olanzapine
Antidepressant (MAOI)	Selegiline Transdermal (Emsam®)	Formulary with Prior Authorization	selegiline tablets
Antidepressant (MAOI)	Isocarboxazid	Formulary with Prior Authorization	phenelzine
Short-Acting Beta Agonist MDI	Albuterol (ProAir®)	Non-Formulary	Albuterol (Ventolin®)