



**Molina Healthcare of California  
Provider/Practitioner Manual**

**Pharmacy/Formulary**

**Section #**

**Section 18: Medication Management**

**Exhibits**

**Document Page #**

**2 - 9**

**10 - 11**

# **SECTION 18: MEDICATION MANAGEMENT**

---

## **MOLINA HEALTHCARE MEDI-CAL PRESCRIPTION DRUGS**

### **Drug Formularies**

Molina Healthcare maintains its own Drug Formulary. Molina Healthcare's Pharmacy and Therapeutics Committee meets quarterly to review and recommend medications for formulary consideration. As each edition of the Formulary is printed, it is then distributed to all Molina Healthcare Providers/Practitioners as well as all pharmacies in the Molina Healthcare Network. Additional copies may be obtained by calling the Molina Healthcare Provider Services Department. Current Drug Formularies and updates are available on the Molina Healthcare website. An interactive version of the Formulary is also available for PDA download at [www.epocrates.com](http://www.epocrates.com).

### **Over-the-Counter (OTC) Drugs**

Molina Healthcare covers a wide selection of over-the-counter products. Although specific products may at times differ from the State's Medi-Cal Formulary, all appropriate therapeutic categories are represented with a wide selection of alternatives.

### **Generic Substitution**

Generic drugs should be dispensed whenever available. If the use of a particular brand name becomes medically necessary as determined by the Provider/Practitioner, prior authorization must be obtained from Molina Healthcare.

### **Non-Formulary Drugs - Drug Prior Authorization**

The Provider/Practitioner should call Molina Healthcare or the appropriate affiliated health plan to request approval for drugs not included in the Plans' respective Formulary.

### **Drug Prior Authorizations**

Prescriptions for medications requiring prior approval or for medications not included on the Molina Healthcare Drug Formulary may be approved when medically necessary and when Formulary alternatives have demonstrated ineffectiveness. When these exceptional needs arise, the Provider/Practitioner may fax a completed "Medication Prior Authorization Request" form to Molina Healthcare. Requesting Providers/Practitioners may expect a response within one (1) business day, or sooner, depending upon the urgency of the request.

A blank Molina Healthcare Medication Prior Authorization Request form is provided in exhibits at the end of this section. Additional forms may be obtained by calling the Molina Healthcare Pharmacy Prior Authorization Department at (800) 526-8196, ext. 127854.

### **Furnishing of Medication by Physician Assistants and Nurse Practitioners**

Furnishing (including transmittal orders) of medication by Physician Assistants (PAs) and Nurse Practitioners (NPs) should be done pursuant to Chapters 3502.1 and 2836.1 of the California Business and Professions Code. PAs hold a valid California Physician Assistant license issued by the Physician Assistant Examining Committee and their supervising physicians hold a valid California Physician License to supervise PAs. NPs must have obtained a furnishing number from the Board of Registered Nursing. Mid-level Practitioners should prescribe medication within the scope of standardized procedures developed and approved by a supervising physician, surgeon, facility administrator, or designee.

# **MANAGEMENT AND DOCUMENTATION OF CONTROLLED SUBSTANCES**

## **Storage of Controlled Substances**

All controlled substances should be stored in a double-locked cabinet. Only licensed personnel may assume responsibility for handling or carrying keys to the controlled medication cabinet. All missing or lost keys should be reported to the Provider/Practitioner in charge immediately.

## **Inventory of Controlled Substances**

There should be a current inventory maintained on each controlled substance. A printed log should be produced which lists only those controlled substances stocked by the office/clinic. Controlled substances added to the inventory should be recorded in the log and verified by two (2) licensed personnel.

## **Security of Controlled Substances**

Obvious signs of tampering with controlled substances and/or the locked cabinet should be reported to the Drug Enforcement Agency (DEA) if significant or chronic loss occurs. DEA notification is not needed for a rare loss of a small quantity or if a small discrepancy in the inventory log is noted. However, documentation must be maintained regarding any discrepancies.

## **Controlled Substance Administration Documentation**

Documentation should be maintained regarding the administration of all controlled substances.

## **Controlled Substance Discrepancy**

If at any time a discrepancy in the controlled substances inventory is found, it should be reported to the Provider/Practitioner in charge. The Provider/Practitioner in charge should report the discrepancy to the DEA if a significant loss or chronic loss of controlled substances occurs. The discrepancy should be documented and kept on file with the inventory log. All licensed personnel who have had access to the controlled medication cabinet keys should remain on duty until the Provider/Practitioner in charge has finished investigating the discrepancy.

## **Disposal of Controlled Substances**

All wasted, contaminated, deteriorated, or expired controlled substances should be destroyed in the presence of two (2) licensed personnel (i.e. Provider/Practitioner in Charge, Registered Nurse (RN), or Licensed Vocational Nurse (LVN)). The following information should be documented:

- ▶ Medication name and strength
- ▶ Amount destroyed
- ▶ Lot number and expiration date
- ▶ Signatures of both licensed personnel
- ▶ Patient for whom medication was intended, if applicable

# **GENERAL MEDICINE POLICY**

## **Medication Storage**

All medications, needles, syringes, and dangerous medical supplies should be stored in an area accessible only to authorized personnel.

Medications must be stored separately, according to their route of administration, e.g. oral, injectable, topical. Germicides, disinfectants, test/reagents, household cleaning supplies, and other products for external use must be stored separately. All medications should be stored in their original containers.

Medications must be stored at temperature levels specified by the manufacturer (e.g. room temperature; refrigerated at 35-46° F; frozen at -4-14° F). Molina Healthcare policies require that a system is in place to ensure that temperature levels are maintained (e.g. thermometers, temperature logs). Polio vaccine must be stored in the freezer or freezer compartment of the refrigerator in the original packaging.

## **Expiration Dates**

All medications and related items should be routinely checked for expiration. Drugs should not be kept in stock after the expiration date on the label and no contaminated or deteriorated drugs should be used. All unopened expired medications should be returned to the manufacturer if possible or discarded in a manner safe to the environment. Documentation of the destruction of all scheduled medications should be in accordance with DEA policies.

For injectable products designed for multiple use, the expiration date should be the manufacturer's printed expiration date, if upon inspection, the product does not show signs of contamination, such as discoloration or particulate matter. All single dose containers should be discarded immediately after use.

For diagnostic products or test strips which are acceptable for multiple use, the manufacturer's printed expiration date should be considered the expiration date.

## **Labeling Requirements**

All medications should be properly labeled with the name and strength of medication, the manufacturer's name and lot number (#), and expiration date.

All medications that are transferred from their original container into another (re-packaged) or those that are extemporaneously prepared (compounded) should be labeled with the following information:

- ▶ Name, strength, and quantity of medication
- ▶ Expiration date (of original container if re-packaged or of ingredients if compounded)
- ▶ Manufacturer's name and original lot number (#)
- ▶ Date of re-packaging (or compounding) and initials of re-packager

## **Pharmaceutical Samples**

Molina Medical Groups do not keep pharmaceutical samples. Any other Provider/Practitioner offices that do should keep the following in mind:

- ▶ The Provider/Practitioner is ultimately responsible for the storage, inventory, and dispensing of all samples
- ▶ Samples should be dispensed only by the Provider/Practitioner. This responsibility should not be delegated to other office staff
- ▶ Samples should be dispensed only to the Provider/Practitioner's own patient and should not be sold
- ▶ Samples should be stored in the secured manner described previously
- ▶ If samples are dispensed, they must meet all labeling requirements as described previously
- ▶ A sample log should be maintained and used whenever samples are received or dispensed
- ▶ An appropriate notation should be entered in the patient's record, in a similar manner as if a prescription had been written

## EXCLUDED DRUGS: BILL MEDI-CAL FEE-FOR-SERVICE DIRECTLY

The Department of Health Care Services through the Medi-Cal Fee-For-Service (FFS) program has assumed financial responsibility of select anti-psychotics, detoxification/dependency treatments, and HIV/AIDS medications. The following drugs should be billed to Fee-For-Service Medi-Cal, using standard Electronic Data Systems (EDS) prior authorization and billing procedures. **Molina Healthcare pharmacies will not be able to bill Molina Healthcare directly for any of these drugs. Should they attempt to do so, the pharmacy computer systems have been programmed to reject the claim and display the message “Bill Medi-Cal Fee-For-Service.”** Pharmacies should already be aware of this procedure. Should they have any further questions, they can always call the Molina Healthcare Pharmacy Desk at (800) 526-8196, ext. 127854.

PSYCHIATRIC DRUGS (Listed by generic name)		
Acamprosate Calcium	Haloperidol Decanoate	Procyclidine HCL
Amantadine HCL	Haloperidol Lactate	Promazine HCL
Aripiprazole	Isocarboxazid	Quetiapine
Benzotropine Mesylate	Lithium Carbonate	Risperidone
Biperiden HCL	Lithium Citrate	Selegiline
Biperiden Lactate	Loxapine HCL	Thioridazine HCL
Buprenorphine HCl	Loxapine Succinate	Thiothixene
Buprenorphine/Naloxone HCl	Mesoridazine Mesylate	Thiothixene HCL
Chlorpromazine HCL	Molindone HCL	Tranlycypromine Sulfate
Chlorprothixene	Naltrexone (oral and injectable)	Trifluoperazine HCL
Clozapine	Olanzapine/ Olanzapinefluoxetine	Triflupromazine HCL
Fluphenazine Decanoate	Paliperidone	Trihexyphenidyl HCL
Fluphenazine Enanthate	Perphenazine	Ziprasidone
Fluphenazine HCL	Phenelzine Sulfate	
Haloperidol	Pimozide	

HIV DRUGS (Listed by generic name)		
Abacavir/Lamivudine	Enfuvirtide (Fuzion)	Raltegravir Potassium
Abacavir Sulfate (Ziagen)	Etravirine	Ritonavir (Norvir)
Amprenavir (Agenerase)	Fosamprenavir Calcium (Lexiva)	Saquinavir (Invirase, Fortovase)
Atazanavir (Reyataz)	Indinavir Sulfate (Crixivan)	Stavudine (Zerit)
Darunavir Ethanolate	Lamivudine (Epivir)	Tenofovir Disoproxil Fumarate (Viread)
Delavirdine Mesylate (Rescriptor)	Lopinavir/Ritonavir (Kaletra)	Tenofovir Disoproxil-Emtricitabine
Efavirenz (Sustiva)	Maraviroc	Tenofovir Disoproxil
Efavirenz/Emtricitabine/Tenofovir	Nelfinavir Mesylate (Viracept)	Zidovudine/Lamivudine
Emtricitabine (Emtriva)	Nevirapine (Viramune)	Zidovudine/Lamivudine/ Abacavir Sulfate

**Detoxification/Dependency Treatments  
(Listed by generic name)**

Acamprosate Calcium	Buprenorphine HCl
Buprenorphine/Naloxone HCl	Naltrexone (oral and injectable)

# CONTROLLED DRUGS INVENTORY AND UTILIZATION LOG

DRUG NAME & STRENGTH \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

RECEIVED BY \_\_\_\_\_  
(SIGNATURE)

OFFICE NAME \_\_\_\_\_ QUANTITY RECEIVED \_\_\_\_\_ DATE \_\_\_\_\_

TIME/DATE	PATIENT NAME	DOCTOR'S NAME	GIVEN BY	DOSE	AMOUNT WASTED	WITNESSED BY:

# REFRIGERATOR/FREEZER TEMPERATURE LOG

Day	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
01	\	\	\	\	\	\	\	\	\	\	\	\
02	\	\	\	\	\	\	\	\	\	\	\	\
03	\	\	\	\	\	\	\	\	\	\	\	\
04	\	\	\	\	\	\	\	\	\	\	\	\
05	\	\	\	\	\	\	\	\	\	\	\	\
06	\	\	\	\	\	\	\	\	\	\	\	\
07	\	\	\	\	\	\	\	\	\	\	\	\
08	\	\	\	\	\	\	\	\	\	\	\	\
09	\	\	\	\	\	\	\	\	\	\	\	\
10	\	\	\	\	\	\	\	\	\	\	\	\
11	\	\	\	\	\	\	\	\	\	\	\	\
12	\	\	\	\	\	\	\	\	\	\	\	\
13	\	\	\	\	\	\	\	\	\	\	\	\
14	\	\	\	\	\	\	\	\	\	\	\	\
15	\	\	\	\	\	\	\	\	\	\	\	\
16	\	\	\	\	\	\	\	\	\	\	\	\
17	\	\	\	\	\	\	\	\	\	\	\	\
18	\	\	\	\	\	\	\	\	\	\	\	\
19	\	\	\	\	\	\	\	\	\	\	\	\
20	\	\	\	\	\	\	\	\	\	\	\	\
21	\	\	\	\	\	\	\	\	\	\	\	\
22	\	\	\	\	\	\	\	\	\	\	\	\
23	\	\	\	\	\	\	\	\	\	\	\	\
24	\	\	\	\	\	\	\	\	\	\	\	\
25	\	\	\	\	\	\	\	\	\	\	\	\
26	\	\	\	\	\	\	\	\	\	\	\	\
27	\	\	\	\	\	\	\	\	\	\	\	\
28	\	\	\	\	\	\	\	\	\	\	\	\
29	\	\	\	\	\	\	\	\	\	\	\	\
30	\	\	\	\	\	\	\	\	\	\	\	\
31	\	\	\	\	\	\	\	\	\	\	\	\



# Exhibits

Molina Healthcare of California  
 One Golden Shore Drive  
 Long Beach, CA 90802  
**PHONE (800) 526-8196 x127854**  
**FAX (888) 333-7242**

**MOLINA  
 Medication  
 Prior Authorization  
 Request Form**

To ensure a quick response time, please fill out form completely

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Pt. Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Pt. I.D# : \_\_\_\_\_

MD's Name/Specialty: \_\_\_\_\_

Phone #: \_\_\_\_\_ Provider Fax #: \_\_\_\_\_

Pharmacy Fax #: \_\_\_\_\_

● **Medication:** (Include name, strength, dose and directions. One Medication per form.)

● **Diagnosis & Medical Justification for Rx:** (Send all pertinent test results and/or reports)  
*-Use of pharmaceutical samples can not be accepted as medical justification*

● **Previous Therapy/ Formulary RXs tried:** (Length of treatment/outcome with dates)

For MOLINA Use Only	Approved		Pend		Denied	
	Comments:					

Confidentiality Notice: This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon the fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents. Thank you.