The Molina Healthcare Formulary is Available at:

- www.ePocrates.com
- www.MolinaHealthcare.com
- Hardcopy upon request

Basic Health Pharmacy Co-pay Information

Tier 1 - \$10 Co-pay (or cost of drug, whichever is less)

- Generic drugs contained in the Molina Healthcare drug formulary
- All oral contraceptives in the Molina Healthcare drug formulary
- Diabetic supplies, including syringes and needles, diabetic test strips, lancets and insulin
- Inhaled short-acting beta-agonists
- Inhaled steroids
- Inhaled anticholinergic bronchodilators
- Beta-blockers for severe heart failure
- Anti-platelet clotting inhibitors for patients after intra-arterial stent placement.

Tier 2 - 50% Co-pay

Brand-name drugs in the Molina Healthcare drug formulary



Your Extended Family.

If you have any questions about billing guidelines, please feel free to contact Molina Healthcare's pharmacy authorization team at (800) 213-5525 Press option 1 for Providers, then press option 5 for Pharmacy and remain on the line for the next available representative.

> MRC Part # 11-876 Approvals: MHW - 11/8/11

> > 9163WA1111

A Guide to Pharmacy Services



We Are Glad to Have You as Part of Our Team

At Molina Healthcare of Washington, contracted providers are an essential part of delivering quality care to our members. We value our partnership and appreciate the family-like relationship you pass on to our members.

Our Current Lines of Business

No Co-pay Programs

Healthy Options (HO)/CHIP/Basic Health Plus - Medical programs that provide services at no cost for people on Medicaid

Washington Medicaid Integration
Partnership (WMIP) - A program for adult
Medicaid clients who reside in Snohomish
County and receive benefits under the
Supplemental Security Income (SSI) or SSI
related programs

Basic Health (BH) AI/AN - BH members identified by Washington State Health Care Authority as American Indian/Alaska Native and enrolled through a Basic Health contracted Tribal Sponsor, do not have cost share

Co-pay Programs

Basic Health (BH) - A state sponsored medical program for low income people in Washington (see back panel for details)

Early Refill Authorization

Molina Healthcare will cover an early refill if the patient has lost a medication, it has been stolen or the dose has increased. **However, the following restrictions apply:**

- Medications and early refill requests related to travel (vacation overrides) are not a covered benefit for CHIP, BH, BH Plus, HO or WMIP
- A prior authorization form and copy of the prescription is required for all narcotic substances, as well as a police report number if the medication was stolen.
- Prior authorization may be required for frequent requests of early refills due to lost or stolen medications



Medication Authorization

A pharmacist can initiate the authorization process simply by filling out a prior authorization form. Forms are available at our website or can be faxed to the pharmacy upon request. Fax the completed form to Molina Healthcare at (800) 869-7791.

Pharmacies can submit the request even if they do not know the diagnosis; if more information is needed, Molina Healthcare will follow up with the prescriber as necessary. Most requests are processed within two business days.

Point of Sale System Messages

The following messages may appear when a medication is processed at the pharmacy.

G = **Generic.** Molina Healthcare is a generic mandatory plan. A "G" is placed in front of the medication name, indicating the preferred generic equivalent to be used (Example: G-PROZAC, G-CELEXA).

ALT = Alternative, please use formulary medications. This gives the pharmacy the option of requesting a new prescription (from the prescriber) for a formulary medication, rather than initiating a prior authorization. When a formulary alternative is requested, alternative medications are listed by their branded names (Example: ALT-LOVASTATIN, SIMVASTATIN).

PA = **Prior Authorization.** The medication being processed requires a prior authorization form must be submitted to Molina Healthcare (see above).