



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

New – 90-Day Medication Refills Policy (Medicaid)

Molina Healthcare of Washington is pleased to inform you that your patients can get 90 days' worth of certain medications filled at one time. A new prescription will be required in order for the pharmacy to fill a 90-day supply of medication per fill. Below is the list of medications approved for this policy:

Drug Class	Drug
ANTIDEPRESSANTS	•AMITRIPTYLINE •AMOXAPINE • BUPROPION IR/SR/XL •CITALOPRAM TABS •DESIPRAMINE •DOXEPIN •DULOXETINE •ESCITALOPRAM TABS •FLUOXETINE CAPS •FLUVOXAMINE IR TABS •IMIPRAMINE HCL •MIRTAZAPINE •NORTRIPTYLINE CAPS •PAROXETINE IR TABS •PHENELZINE •SERTRALINE TABS •TRANZYCPROMINE •TRAZODONE •VENLAFAXINE IR TABS/ER CAPS •VILAZODONE •VORTIOXETINE •ISOCARBOXAZID •SELEGILINE •NEFAZODONE •AMITRIPTYLINE- CHLORDIAZEPOXIDE •DESVENLAFAXINE •LEVOMILNACIPRAN •MAPROTILINE •CLOMIPRAMINE •PROTRIPTYLINE •TRIMIPRAMINE
ANTIPSYCHOTICS	•ARIPIRAZOLE •CHLORPROMAZINE •CLOZAPINE TABS •FLUPHENAZINE •HALOPERIDOL •LOXAPINE •OLANZAPINE •PALIPERIDONE ER •PERPHENAZINE •PERPHENAZINE/AMITRIPTYLINE •QUETIAPINE FUMARATE IR/ER •RISPERIDONE •THIORIDAZINE •THIOTHIXENE •TRIFLUOPERAZINE •ZIPRASIDONE •MOLINDONE
ASTHMA	•ALBUTEROL SYR •ALBUTEROL TABS •ALBUTEROL TABS ER •CROMOLYN NEBS •IPRATROPIUM NEBS •IPRATROPIUM/ALBUTEROL NEBS •ADVAIR DISKUS •ADVAIR HFA •DULERA •FLOVENT DISKUS • FLOVENT HFA •FLUTICASONE PROPIONATE/SALMETEROL DISKUS •PULMICORT FLEXHALER •SEREVENT DISKUS •SYMB ICORT •WIXELA INHUB
DIABETES	•ACARBOSE •GLIMEPIRIDE •GLIPIZIDE •GLIPIZIDE ER •GLIPIZIDE/METFORMIN •GLYBURIDE •GLYBURIDE MICRONIZED •GLYBURIDE/METFORMIN •METFORMIN IR •METFORMIN ER •NATEGLINIDE •PIOGLITAZONE •REPAGLINIDE
HYPERTENSION	•ACEBUTOLOL •AMLODIPINE •ATENOLOL •ATENOLOL/CHLORTHALIDONE • ENAZEPRIL •BENAZEPRIL/HCTZ •BETAXOLOL •BISOPROLOL •BISOPROLOL/HCTZ •CAPTOPRIL •CARVEDILOL IR TABS •CARVEDILOL ER CAPS •CLONIDINE TABS •CLONIDINE PATCHES •DILTIAZPEM IR TABS •DILTIAZEM ER CAPS •DOXAZOSIN •ENALAPRIL •ENALAPRIL/HCTZ •EPLERENONE •FELODIPN ER •FOSINOPRIL •FOSINOPRIL/HCTZ •GUANFACINE •HYDRALAZINE •IRBESARTAN • IRBESARTAN/HCTZ •LABETALOL •LISINOPRIL •LISINOPRIL/HCTZ •LOSARTAN •LOSARTAN/HCTZ •METHYLDOPA •METOPROLOL ER •METOPROLOL IR 25, 50, 100MG TABS •METOPROLOL/HCTZ •MINOXIDIL •NADOLOL •NIFEDIPINE •NIFEDIPINE ER •OLMESARTAN •OLMESARTAN/HCTZ •PHENOXYVENZAMINE •PRAZOSIN •PROPRANOLOL •PROPRANOLOL ER •PROPRANOLOL/HCTZ •QUINAPRIL/HCTZ •RAMIPRIL •SOTALOL •TERAZOSIN •VALSARTAN •VALSARTAN/HCTZ •VERAPAMIL IR/ER TABS
LIPID-LOWERING	•ATORVASTATIN •CHOLESTYRAMINE •COLESTIPOL TABS •EZETIMIBE •FENOFIBRATE 40, 48, 54, 120, 145, 160MG TABS •GEMFIRBROZIL •LOVASTATIN •NIACIN ER •PRAVASTATIN •ROSUVASTATIN •SIMVASTATIN

Thank you for your continued service to Molina members.

Pharmacy billing or formulary questions? Please call (800) 213-5525, and select menu options 1, 2, and 2.

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**Please note: Drugs listed on the 90-Day Medication Refill Policy are subject to change in compliance with the HCA Preferred Drug List*