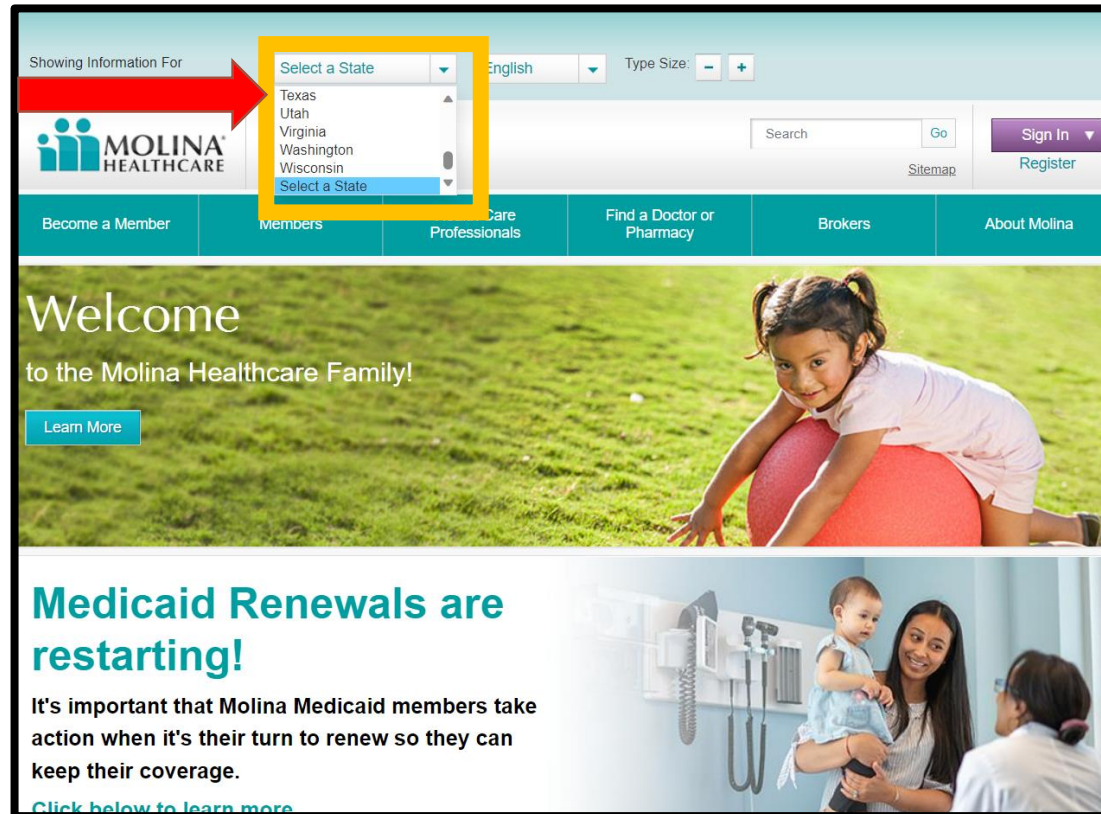


# Formulary Look-Up

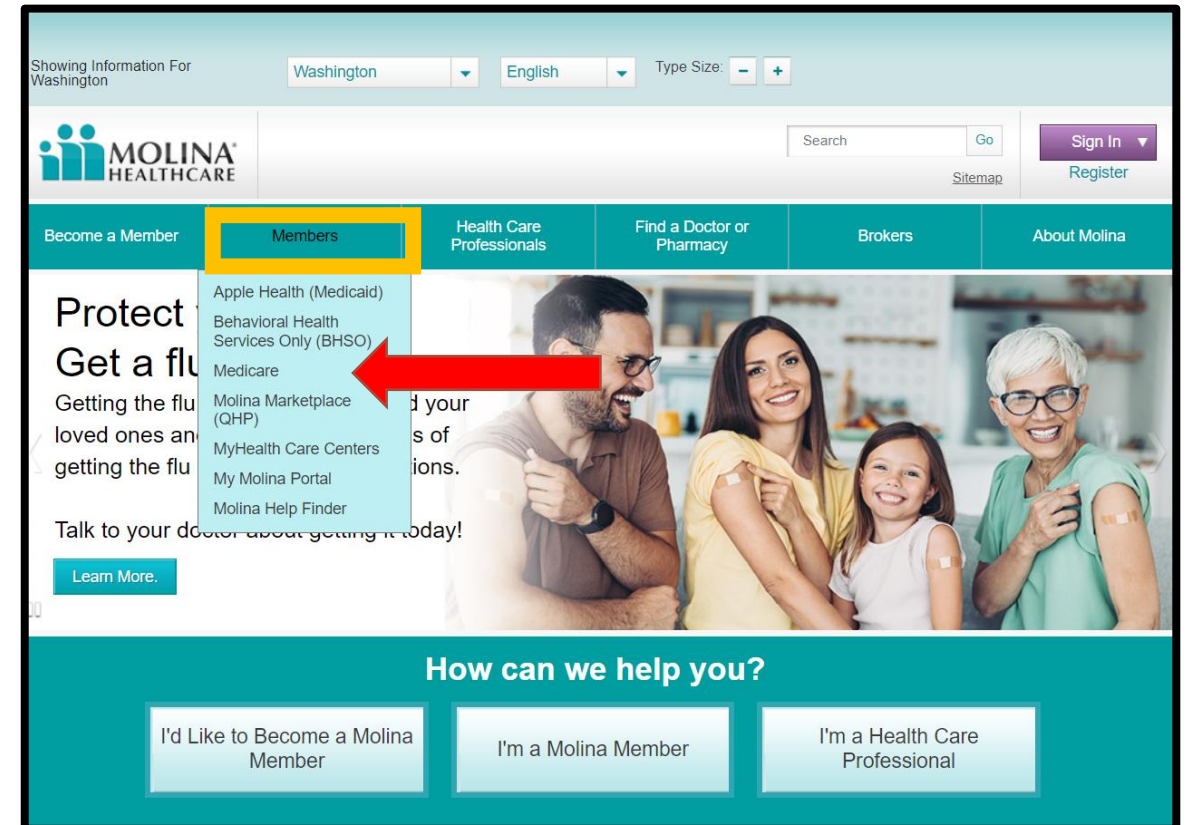
---

Learning & Development-Sales & Marketing

# Searching the Formulary

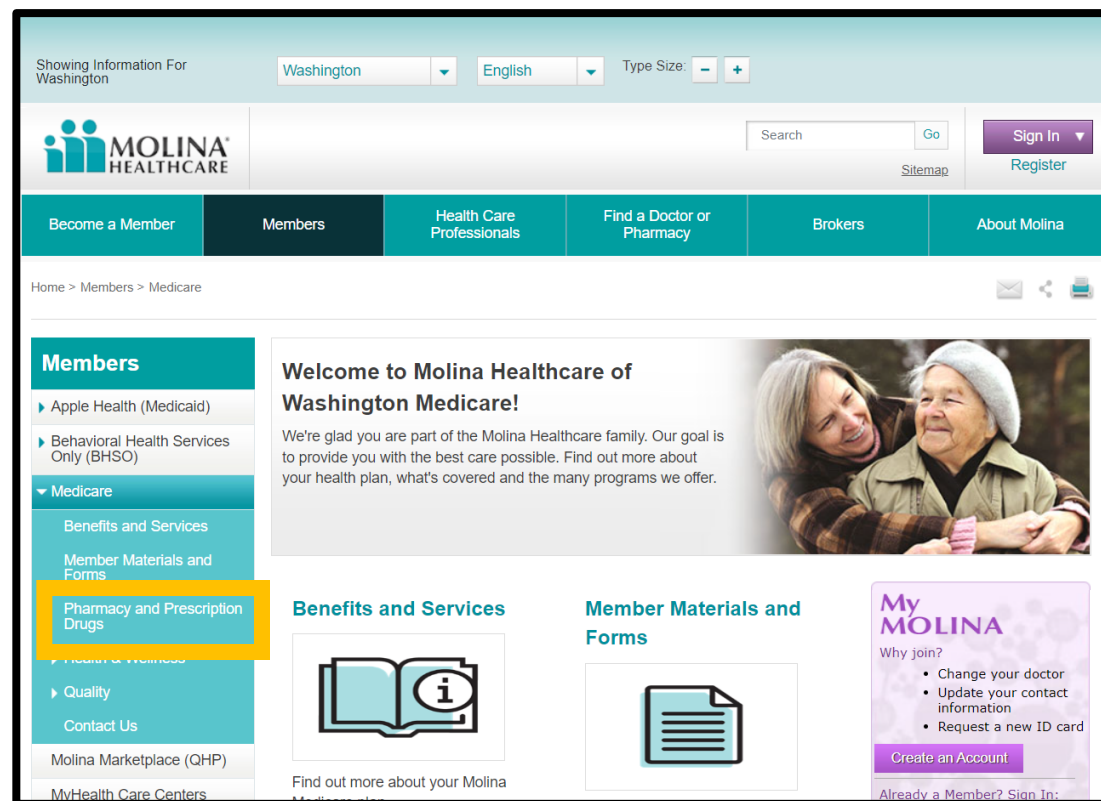


- Open a web browser and go to the following website:  
[www.molinahealthcare.com](http://www.molinahealthcare.com)
- Then select the appropriate state from the drop down menu

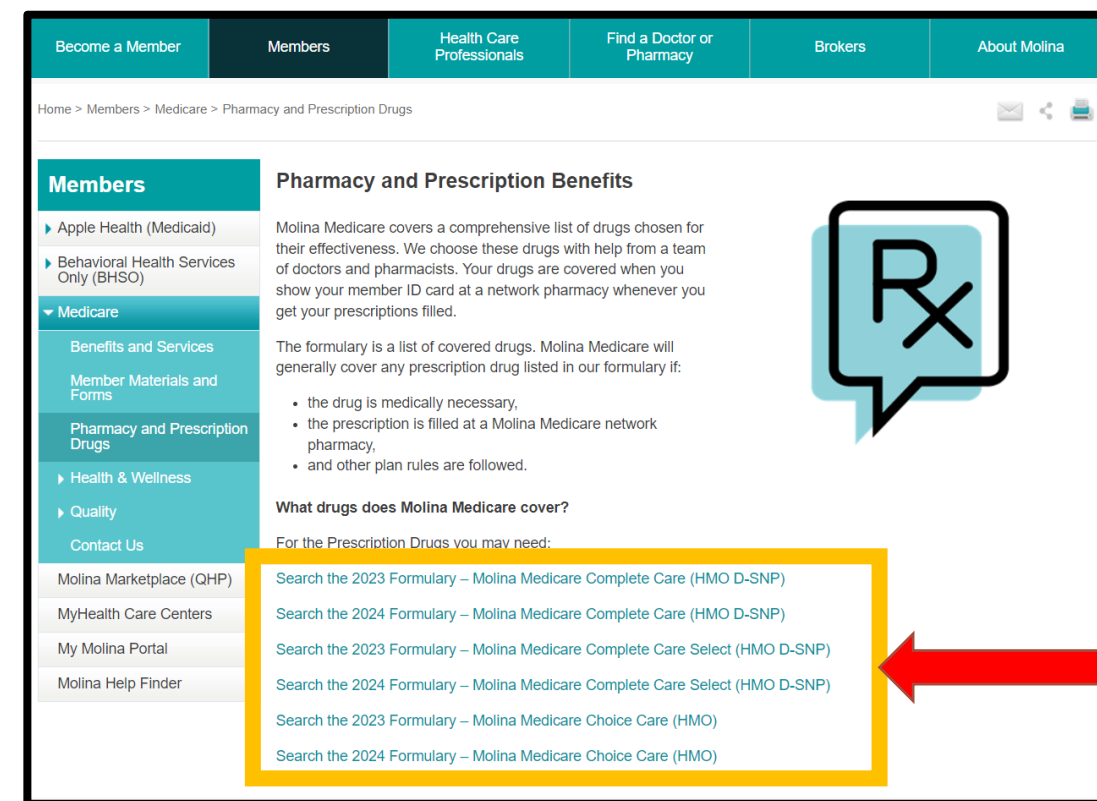


- Hover over “Members”
- Then select “Medicare”

# Searching the Formulary



- Select “Pharmacy and Prescription Drugs from the box on the left-hand side of the screen



- Select the appropriate Plan Type and Year to yield the most accurate responses when searching the formulary
- You will be directed to an external webpage

**\*\*\* Please note that formularies can be different between benefit years as well as plan types \*\*\***

# Searching the Formulary

**Formulary Search**


Enter the first few letters of the drug you wish to add then select the drug from the drop-down menu.

starts with

- CARISOPRODOL POWD
- carisoprodol 250mg tabs
- carisoprodol 350mg tabs**
- carisoprodol/aspirin/codeine asa/cod tabs

Formulary last updated: 1

[Learn more about Drug Coverage & Exceptions](#)



- As you begin typing in the search bar, words will begin to pre-populate
- Make the appropriate selection then select “Add to List”
- You can continue to search, select, and add medications as needed. There is no limit to how many medications you can search using this tool.


**Formulary Search**

Enter the first few letters of the drug you wish to add then select the drug from the drop-down menu.

starts with

(2 character minimum)

**Add to List** >



# Searching the Formulary

## Formulary Search



Drug is not covered under Medicare Part D.



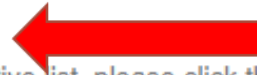
Enter the first few letters of the drug you wish to add then select the drug from the drop-down menu.

starts with   
(2 character minimum)

Add to List



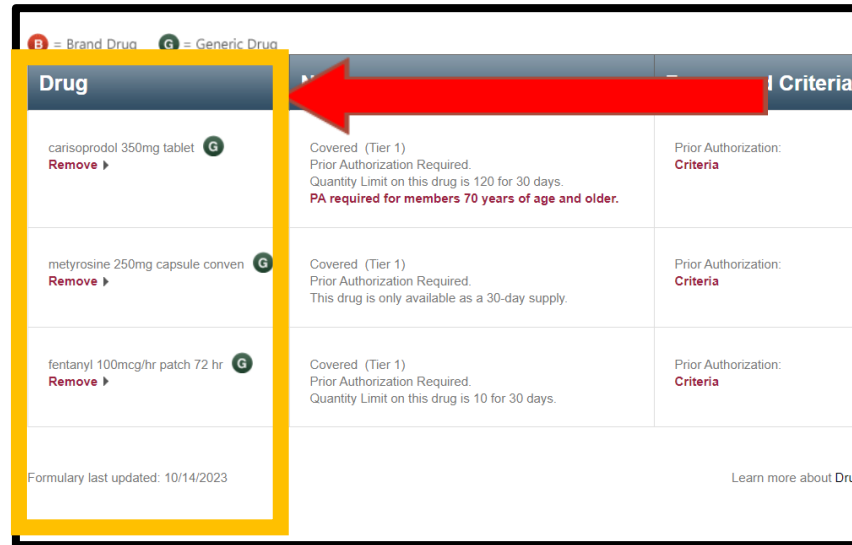
[Alternatives Available](#)



If you prefer to select another drug from the Alternative list, please click the link and make a selection. Otherwise click the button above.

- If a medication is not covered under Medicare Part D, you will receive an alert above the search bar
- A link with “Alternatives Available” will appear giving you the option to select a formulary alternative that will be covered under the plan

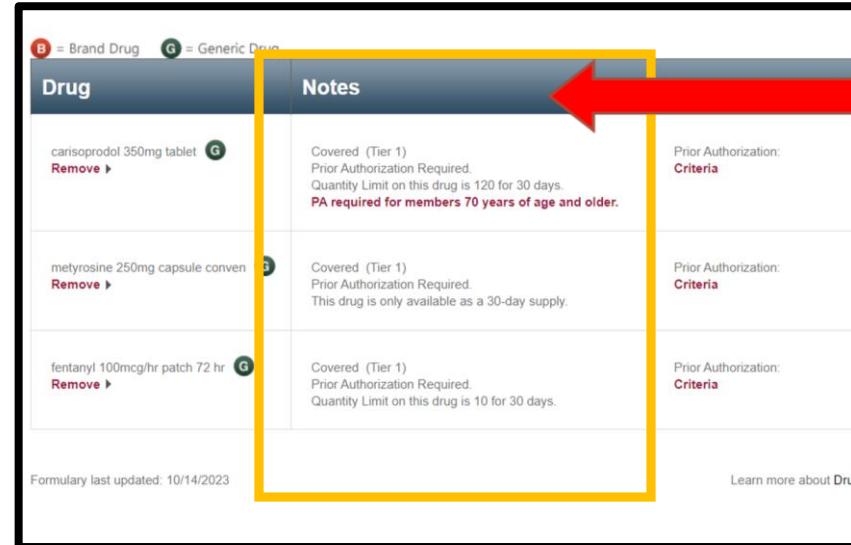
# Searching the Formulary



**B** = Brand Drug **G** = Generic Drug

Drug		Criteria
carisoprodol 350mg tablet <b>G</b> <a href="#">Remove</a>	Covered (Tier 1) Prior Authorization Required. Quantity Limit on this drug is 120 for 30 days. <b>PA required for members 70 years of age and older.</b>	Prior Authorization: <b>Criteria</b>
metyrosine 250mg capsule conven <b>G</b> <a href="#">Remove</a>	Covered (Tier 1) Prior Authorization Required. This drug is only available as a 30-day supply.	Prior Authorization: <b>Criteria</b>
fentanyl 100mcg/hr patch 72 hr <b>G</b> <a href="#">Remove</a>	Covered (Tier 1) Prior Authorization Required. Quantity Limit on this drug is 10 for 30 days.	Prior Authorization: <b>Criteria</b>

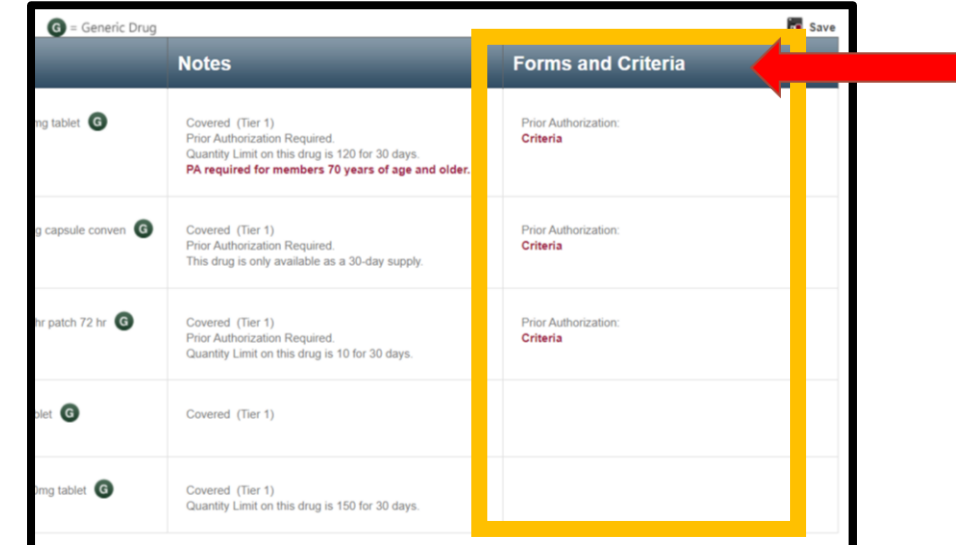
Formulary last updated: 10/14/2023 [Learn more about Drug](#)



**B** = Brand Drug **G** = Generic Drug

Drug	Notes	
carisoprodol 350mg tablet <b>G</b> <a href="#">Remove</a>	Covered (Tier 1) Prior Authorization Required. Quantity Limit on this drug is 120 for 30 days. <b>PA required for members 70 years of age and older.</b>	Prior Authorization: <b>Criteria</b>
metyrosine 250mg capsule conven <b>G</b> <a href="#">Remove</a>	Covered (Tier 1) Prior Authorization Required. This drug is only available as a 30-day supply.	Prior Authorization: <b>Criteria</b>
fentanyl 100mcg/hr patch 72 hr <b>G</b> <a href="#">Remove</a>	Covered (Tier 1) Prior Authorization Required. Quantity Limit on this drug is 10 for 30 days.	Prior Authorization: <b>Criteria</b>

Formulary last updated: 10/14/2023 [Learn more about Drug](#)



**G** = Generic Drug

	Notes	Forms and Criteria
ing tablet <b>G</b>	Covered (Tier 1) Prior Authorization Required. Quantity Limit on this drug is 120 for 30 days. <b>PA required for members 70 years of age and older.</b>	Prior Authorization: <b>Criteria</b>
g capsule conven <b>G</b>	Covered (Tier 1) Prior Authorization Required. This drug is only available as a 30-day supply.	Prior Authorization: <b>Criteria</b>
hr patch 72 hr <b>G</b>	Covered (Tier 1) Prior Authorization Required. Quantity Limit on this drug is 10 for 30 days.	Prior Authorization: <b>Criteria</b>
let <b>G</b>	Covered (Tier 1)	
ing tablet <b>G</b>	Covered (Tier 1) Quantity Limit on this drug is 150 for 30 days.	

[Save](#)

- The “**Drug**” section will display the following:
  - Medication name and dose
  - Brand drug or Generic drug

- The “**Notes**” section will display the following:
  - Formulary Tier
  - Formulary Restrictions

- The “**Forms and Criteria**” section will display the following:
  - Any forms required for the medication
  - A link that will open the criteria for Prior Authorization



# Searching the Formulary

makePDF.do - Work - Microsoft Edge

https://www.medicareplanrx.com/MedicationPricingTool/makePDF.do?pdfType=6

Formular

Enter the first starts with

**B** = Brand Drug **G** = Generic Drug

Drug	Notes
carisoprodol 350mg tablet <b>G</b>	Covered (Tier 1) Prior Authorization Required. Quantity Limit on this drug is 120 ea for 30 days. PA required for members 70 years of age and older.
metyrosine 250mg capsule conven <b>G</b>	Covered (Tier 1) Prior Authorization Required. This drug is only available as a 30-day supply.
fentanyl 100mcg/hr patch 72 hr <b>G</b>	Covered (Tier 1) Prior Authorization Required. Quantity Limit on this drug is 10 ea for 30 days.
lisinopril 10mg tablet <b>G</b>	Covered (Tier 1)
metformin hcl 500mg tablet <b>G</b>	Covered (Tier 1) Quantity Limit on this drug is 150 ea for 30 days.
doxycycline hyclate 100mg tablet <b>G</b>	Covered (Tier 1)

Formulary last updated: 10/14/2023

**Save**

- When you select “Save” a box will open that will allow you to save a PDF file or print the Medication list
- You can close the window when you have completed your formulary search.