



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Molina Healthcare of Washington's Pharmacy Department

Dear Provider:

Molina Healthcare wants to thank you for all the effort you and your office staff put into the care of our members. As Washington Medicaid enrollment continues to increase, we strive to provide the best health care and medication management by constantly improving our processes. The pharmacy prior authorization team has been focusing on the following areas:

- **Formulary access and usage:** The Molina Healthcare drug formulary can be found on our website at www.MolinaHealthcare.com and www.ePocrates.com. Upon request, we can also provide a hard copy of the drug formulary. The pharmacy prior authorization team has developed comprehensive guidelines and criteria for medication prior authorization which is intended to make the process easier and more informative to the provider.
- **Expanding the drug formulary:** Our formulary includes a variety of medications available in each therapeutic class. We require that generic and less costly medications are used whenever possible. In some cases, we will allow other medications with prior authorization depending on medical necessity and documentation of previous trials of the formulary alternatives available.
- **Timeliness of response to a pharmacy prior authorization request:** Our average response time on prior authorizations is less than one business day!

We are attaching a copy of the most current "Prior Authorization/Medication Exception Request" form. This form is also available at www.MolinaHealthcare.com in the "Forms" section.

The prior authorization fax number is: (800) 869-7791. You can also contact the Molina Healthcare Pharmacy department at (800) 213-5525 Monday through Friday between 8:00 a.m. and 5:00 p.m. After hours, you or the pharmacy can contact CVS/Caremark for urgent medication authorization at: (800) 791-6856.

(Please note the CVS/Caremark help desk can only authorize acute urgent medications for a 72 hour supply, for non-urgent medication requests, please call the Molina Healthcare Pharmacy department during normal business hours.)

If you have any questions, please feel free to contact us so we can assist with any needs you may have. **We could not give our members the highest quality of care without you!**

Provider Newsflash is published by Molina Healthcare of Washington. Visit us at our web site at: www.MolinaHealthcare.com.

If you believe that you have received this fax in error or would like to be removed from our distribution database, please call toll free at (800) 869-7175, Ext. 144044 or email april.logan@molinahealthcare.com.



**Molina Healthcare of Washington
Prior Authorization/ Medication
Exception Request**

Allow 2 business days to process

Fax: (800) 869-7791

Phone: (800) 213-5525

Date

Patient Name (Last, First, MI)	Member ID#	Date of Birth
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Physician Name (Last, First, MI)	Phone Number	Fax Number
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Specialty	NPI/DEA#
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Medication (Name - Strength - Dose)	Qty / Month	Directions for Use	Duration of Use
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Diagnosis / Medical Indications	Previous Meds Trial - Dates of Use
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Medical Justification	
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<input type="checkbox"/> Re-authorization of current medication	
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Pharmacy Fax Number: ()	
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Pharmacy: Note Effective Dates	
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Please include your fax number. We can not guarantee a quick response if you do not include pharmacy fax number.	
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Comments

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Generic is **mandatory** unless otherwise indicated.

Approvals are subject to the member's co-pays and deductibles for their plan and all approvals must be filled at participating pharmacies unless specifically authorized at some other facility.

* The Molina Healthcare Formulary is available to download onto your PDA at ePocrates.com or www.MolinaHealthcare.com.

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