



High Dollar Claim Prior Authorization Request Form

Please provide the information below, please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. Please FAX responses to: (844) 259-1689. Phone: (833) 685-2103.

Member Information (required) and Provider Information (required) form with fields for Name, ID#, Birth Date, Address, City, State, Zip, Phone, NPI#, Specialty, Office Phone, Office Fax, Office Street Address.

Medication Information (required) form with fields for Medication Name, Strength, Dosage Form, and Directions for Use. Includes a checkbox for continuation of therapy.

Clinical Information (required)

ICD-10 diagnosis code: _____

Must meet both section A. and B.

A. One of the following:

- Checkboxes for: FDA approved indication, AHFS DI, DRUGDEX Strength of Recommendation (IIB or better), DRUGDEX other sections, and clinical research support.

Or both of the following:

- Checkboxes for: DRUGDEX Evaluation (III or Class Indeterminate) and efficacy rating ("Effective" or "Evidence Favor Efficacy").

B. One of the following:

- Checkboxes for: FDA-approved labeling/peer-reviewed literature, and compendia (AHFS, Micromedex, Elsevier, NCCN).

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received. For urgent or expedited requests please call (833) 685-2103. This form may be used for non-urgent requests and faxed to (844) 259-1689.

This document and others if attached contain information that is privileged, confidential and/or may contain protected health information (PHI). The Provider named above is required to safeguard PHI by applicable law. The information in this document is for the sole use of Molina Healthcare. Proper consent to disclose PHI between these parties has been obtained. If you received this document by mistake, please know that sharing, copying, distributing or using information in this document is against the law. If you are not the intended recipient, please notify the sender immediately.

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