

Pharmacy Prior Authorizations

One of the goals of Molina Healthcare's Pharmacy department is to provide appropriate decisions that are consistent with objective clinical evidence. To help us achieve this goal in the timeliest manner, Molina Healthcare requests the following be submitted with each prior authorization:

- A completed Prior Authorization Form including:
 - Member's Name, Date of Birth, and Member ID Number
 - Requesting Provider Name and Fax Number
 - Tax ID Number (for outpatient facility administered drugs)
 - Name of drug being requested
 - HCPCS codes (if applicable)
 - Strength or dose of drug being requested
 - Number of units requested
 - Administration Instructions of the drug being requested
 - For a blank PA form, visit <https://www.molinahealthcare.com/providers/mi/marketplace/forms/PDF/Medicaid-Marketplace-Drug-PA-form.pdf>
- Progress notes documenting member's diagnosis being treated and current clinical condition
- Progress notes documenting previous treatments tried and the outcome of the trial
- If applicable, documentation supporting why formulary alternatives are not appropriate
- Current labs
- Height and weight of member

Please visit

<https://www.molinahealthcare.com/providers/mi/medicaid/drug/Pages/formulary.aspx> to review our current formulary.

Providing this information with the initial request will decrease the number of unnecessary denials and improve our response times. Molina Healthcare is grateful to have the opportunity to work with you to help keep Molina members healthy.

Thank you for your commitment to Molina members.

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