



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas
Contraceptives (CHIP)

This fax machine is located in a secure location as required by HIPAA Regulations. Complete / Review information, sign, and date. Fax signed forms to Molina Pharmacy Prior Authorization Department at 1-888-487-9251. Please contact Molina Pharmacy Prior Authorization Department at 1-855-322-4080 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Contraceptives (CHIP).

Drug Name (select from list of drugs shown / provide drug information)

Empty box for drug name

Patient Information

Form with fields for Patient Name, Patient ID, and Patient DOB

Prescribing Physician

Form with fields for Physician Name, Physician Phone, Physician Fax, Physician Address, and City, State, Zip

Form with fields for Diagnosis and ICD Code

\*\*\*Please include all relevant clinical notes, lab work, medication history and any other applicable documentation. Please include the patients diagnosis on the prescription. This allows the pharmacy to submit an override for prescription claim payment.

Please circle the appropriate answer for each question.

- 1. Is the prescribed contraceptive used for contraception? Y N
If the answer to this question is yes, denied.
If the answer to this question is no, go to question 2.
2. Is the the prescribed contraceptive used for one of the following conditions? Y N
-Dysmenorrhea
-Acne Treatment
-Miscellaneous medical condition other than contraception
If the answer to this question is yes, approved for 365 days.
If the answer to this question is no, denied..

Comments:

*I affirm that the information given on this form is true and accurate as of this date.*

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Prescriber (or Authorized) Signature

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Date