



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas Diabetic Supplies (Medicaid and 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 Diabetic Supplies (Medicaid and CHIP).

Product Name (provide product information)	
Patient Information	
Patient Name:	
Patient ID:	
Patient DOB:	
Prescribing Physician	
Physician Name:	
Physician Phone:	
Physician Fax:	
Physician Address:	
City, State, Zip:	
Diagnosis:	ICD Code:
Directions for administration:	

*****Please include all relevant clinical notes, lab work, medication history and any other applicable documentation.**

Note: These preferred diabetic supplies also apply to CHIP members.

(Diabetic Test Strip Criteria Reference -

<https://www.molinahealthcare.com/providers/tx/medicaid/drug/PDF/Blood-Glucose-Test-Strip-PA-Form.pdf>

Please circle the appropriate answer for each question.

1. Is the requested item required per court order? (court order required) Y N
If the answer to this question is yes, approved for 365 days.
If the answer to this question is no, go to question 2.
2. Is the request for non-preferred diabetic supplies (see list of preferred diabetic supplies below)? Y N
If the answer to this question is yes, go to question 3.
If the answer to this question is no, approved for 365 days.
3. Is there a documented allergy or contraindication to preferred diabetic supplies in this category? Y N
If the answer to this question is yes, go to approved for 365 days.
If the answer to this question is no, go to question 4.
4. Is the item necessary for treatment of stage-4 advanced metastatic cancer and associated conditions? Y N

If the answer to this question is yes, approved for 365 days.
 If the answer to this question is no, denied.

PREFERRED DIABETIC SUPPLIES:

Pen Needles		
NDC	Product Name	Manufacturer
08317-2301-29	TechLite Pen Needles 29G X 10MM	ARKRAY
08317-2321-29	TechLite Pen Needles 29G X 12MM	ARKRAY
08317-2351-31	TechLite Pen Needles 31G X 5 MM	ARKRAY
08317-2361-31	TechLite Pen Needles 31G X 6 MM	ARKRAY
08317-2381-31	TechLite Pen Needles 31G X 8 MM	ARKRAY
08317-2341-32	TechLite Pen Needles 32G X 4 MM	ARKRAY
08317-2361-32	TechLite Pen Needles 32G X 6 MM	ARKRAY
08317-2381-32	TechLite Pen Needles 32G X 8 MM	ARKRAY
56151-2110-01	TRUEplus 5-Bevel Pen Needles 29G X 12.7MM	TRIVIDIA
56151-2111-01	TRUEplus 5-Bevel Pen Needles 31G X 5 MM	TRIVIDIA
56151-2112-01	TRUEplus 5-Bevel Pen Needles 31G X 6 MM	TRIVIDIA
56151-2113-01	TRUEplus 5-Bevel Pen Needles 31G X 8 MM	TRIVIDIA
56151-2114-01	TRUEplus 5-Bevel Pen Needles 32G X 4 MM	TRIVIDIA

Insulin Syringes		
NDC	Product Name	Manufacturer
08317-2602-91	TechLITE Insulin Syringe 29G X 1/2"0.3 ML	ARKRAY
08317-2603-02	TechLITE Insulin Syringe 30G X 5/16"0.3 ML	ARKRAY
08317-2603-01	TechLITE Insulin Syringe 30G X 1/2"0.3 ML	ARKRAY
08317-2603-12	TechLITE Insulin Syringe 31G X 5/16"0.5 ML	ARKRAY
08317-2602-92	TechLITE Insulin Syringe 29G X 1/2"0.5 ML	ARKRAY
08317-2603-04	TechLITE Insulin Syringe 30G X 5/16"0.5 ML	ARKRAY
08317-2603-03	TechLITE Insulin Syringe 30G X 1/2"0.5 ML	ARKRAY
08317-2603-14	TechLITE Insulin Syringe 31G X 15/64"0.3 ML	ARKRAY
08317-2602-93	TechLITE Insulin Syringe 29G X 1/2"1 ML	ARKRAY
08317-2603-06	TechLITE Insulin Syringe 30G X 5/16"1 ML	ARKRAY
08317-2603-05	TechLITE Insulin Syringe 30G X 1/2"1 ML	ARKRAY
08317-2603-13	TechLITE Insulin Syringe 31G X 5/16"1 ML	ARKRAY
08317-2603-11	TechLITE Insulin Syringe 31G X 5/16"0.3 ML	ARKRAY
08317-2603-15	TechLITE Insulin Syringe 31G X 15/64"0.5 ML	ARKRAY
08317-2603-16	TechLITE Insulin Syringe 31G X 15/64"1 ML	ARKRAY
56151-1711-01	TRUEplus Insulin Syringe 29G X 1/2"0.3 ML	TRIVIDIA
56151-1721-01	TRUEplus Insulin Syringe 30G X 5/16"0.3 ML	TRIVIDIA
56151-1732-01	TRUEplus Insulin Syringe 31G X 5/16"0.5 ML	TRIVIDIA
56151-1702-01	TRUEplus Insulin Syringe 28G X 1/2"0.5 ML	TRIVIDIA
56151-1712-01	TRUEplus Insulin Syringe 29G X 1/2"0.5 ML	TRIVIDIA
56151-1722-01	TRUEplus Insulin Syringe 30G X 5/16"0.5 ML	TRIVIDIA
56151-1703-01	TRUEplus Insulin Syringe 28G X 1/2"1 ML	TRIVIDIA
56151-1713-01	TRUEplus Insulin Syringe 29G X 1/2"1 ML	TRIVIDIA

56151-1723-01	TRUEplus Insulin Syringe 30G X 5/16"1 ML	TRIVIDIA
56151-1733-01	TRUEplus Insulin Syringe 31G X 5/16"1 ML	TRIVIDIA
56151-1731-01	TRUEplus Insulin Syringe 31G X 5/16"0.3 ML	TRIVIDIA

Comments:

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

Prescriber (or Authorized) Signature

Date