



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas
Prenatal Vitamins (Medicaid)

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 Prenatal Vitamins (Medicaid).

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

PRENATAL VITAMINS

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 circle the appropriate answer for each question.

- 1. Is the requested drug required per court order? (court order required) Y N
2. Is the patient a female? Y N
3. Is the patient less than 50 years of age? Y N
4. Is the request for a non-preferred drug? Y N
5. Has the patient failed a 30-day treatment trial with at least 1 preferred agent within the last 180 days? 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 6.*

6. Is there a documented allergy or contraindication to preferred agents in this class? 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 7.*

7. Is the drug 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.*

Comments:

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

Prescriber (or Authorized) Signature

Date