



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas
Early Refill Request (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 Early Refill Request (Medicaid).

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 circle the appropriate answer for each question.

- 1. Is the requested drug required per court order? (court order required) Y N
If the answer to this question is yes, approved for 1 fill.
If the answer to this question is no, go to question 2.
2. Is the request due to a natural disaster or emergency (e.g. city or state-wide, etc)? Y N
If the answer to this question is yes, approved for 1 fill.
If the answer to this question is no, go to question 3.
3. Is the request for out of state (non-par) pharmacy? Y N
If the answer to this question is yes, go to question 4.
If the answer to this question is no, go to question 7.
4. Is the request for emergency medicine (antibiotic or pain medicine)? Y N
If the answer to this question is yes, go to question 5.
If the answer to this question is no, denied, member to use mail order service.
5. Is the request for a controlled substance? Y N

*If the answer to this question is yes, go to question 6.
If the answer to this question is no, approved for 1 fill.*

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| 6. Is the request due to lost or stolen drugs?
<i>If the answer to this question is yes, go to question 15.
If the answer to this question is no, go to question 7.</i> | Y | N |
| 7. Is the early refill request due to a prescriber dosage change?
<i>If the answer to this question is yes, approved for 1 fill.
If the answer to this question is no, go to question 8.</i> | Y | N |
| 8. Is the early refill request due to defective or recalled drugs?
<i>If the answer to this question is yes, denied, member to contact dispensing pharmacy.
If the answer to this question is no, go to question 9.</i> | Y | N |
| 9. Is the early refill request due to damaged drugs by member and this is the first request for this drug in the past 365 days?
<i>If the answer to this question is yes, approved for 1 fill.
If the answer to this question is no, go to question 10.</i> | Y | N |
| 10. Is the medication being requested early due to travel outside the US?
<i>If the answer to this question is yes, go to question 11.
If the answer to this question is no, go to question 14.</i> | Y | N |
| 11. Has the patient used at least 50 percent of drug dispensed on last fill?
<i>If the answer to this question is yes, go to question 12.
If the answer to this question is no, denied.</i> | Y | N |
| 12. Has the patient had a previous vacation override for the same drug in the past 365 days?
<i>If the answer to this question is yes, denied.
If the answer to this question is no, go to question 13.</i> | Y | N |
| 13. Is the request for a controlled substance?
<i>If the answer to this question is yes, denied.
If the answer to this question is no, approved for 1 fill.</i> | Y | N |
| 14. Does the patient require an early refill because the medication was lost, or stolen?
<i>If the answer to this question is yes, go to question 15.
If the answer to this question is no, go to question 18.</i> | Y | N |
| 15. Is the request submitted by member's physician and this is the first request for this drug in the past 365 days?
<i>If the answer to this question is yes, approved for 1 fill.
If the answer to this question is no, go to question 16.</i> | Y | N |
| 16. Is the request for lost medicine and this is the first request for this drug in the past 365 days for a maintenance drug?
<i>If the answer to this question is yes, approved for 1 fill.
If the answer to this question is no, go to question 17.</i> | Y | N |
| 17. Has the member or pharmacy submitted a police report for stolen medication and this is the first request for this drug for early fill in the last 365 days?
[Note to Reviewer: police report is required]
<i>If the answer to this question is yes, approved for 1 fill.
If the answer to this question is no, denied.</i> | | |
| 18. Is the medication being requested early due to travel within the US?
[Note: member to use mail order pharmacy.] | Y | N |

*If the answer to this question is yes, denied.
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