



Molina Healthcare of Texas
Amitiza

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 1-866-449-6849 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Amitiza (Medicaid).

Table with 2 columns: Drug Name (select from list of drugs shown), Amitiza (Lubiprostone) 8mcg Capsules, Amitiza (Lubiprostone) 24mcg Capsules

Table with 2 columns: Patient Information, Patient Name, Patient ID, Patient Group No., Patient DOB

Table with 2 columns: Prescribing Physician, Physician Name, Physician Phone, Physician Fax, Physician Address, City, State, Zip

Table with 2 columns: Diagnosis, ICD Code

Please circle the appropriate answer for each question.

- 1. Is the patient greater than or equal to 18 years of age? Y N
2. Does the patient have a diagnosis of irritable bowel syndrome in the last 365 days? Y N
3. Is the patient a female? Y N
4. Does the patient have a diagnosis of constipation in the last 365 days? Y N
5. Does the patient have a history of gastrointestinal (GI) obstruction in the last 730 days? Y N
6. Does the patient have a history of lubiprostone in the past 45 days? Y N

7. Is the quantity being requested less than or equal to 2 capsules per day?

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