



Texas Standard Prior Authorization Form Addendum

Molina Healthcare of Texas
PDL 10 Day Treatment Trial (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 PDL 10 Day Treatment Trial (Medicaid).

Table with 2 columns and 3 rows for drug categories: Antibiotics, GI (excluding Xifaxan 550mg); Neuropathic Pain; Progestational Agents; Glucocorticoids, Oral; NSAIDS.

Table with 1 column and 4 rows for Patient Information: Patient Name; Patient ID; Patient DOB.

Table with 1 column and 6 rows for Prescribing Physician: Physician Name; Physician Phone; Physician Fax; Physician Address; City, State, Zip.

Table with 2 columns and 2 rows: Diagnosis; ICD Code; Directions for administration.

***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 this request for a non-preferred drug? Y N
3. Has the patient failed a 10-day treatment trial with at least 1 preferred agent within the last 180 days? Y N

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| 4. Is there a documented allergy or contraindication to preferred agents in this class?
<i>If the answer to this question is yes, approved 365 days.</i>
<i>If the answer to this question is no, go to question 5.</i> | Y N |
| 5. Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?
<i>If the answer to this question is yes, approved 365 days.</i>
<i>If the answer to this question is no, denied.</i> | Y N |

Comments:

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

Prescriber (or Authorized) Signature

Date