

FAX

To: MCC AZ Providers

From: Provider Network Relations

Fax:

Pages: 4, including cover sheet

Phone:

Date: January 31, 2022

Re: New fax for physician administered cc:
medication requests Urgent For Review Please Comment Please Reply Please Recycle

CONFIDENTIALITY NOTICE: This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents. Thank you.



NEW FAX FOR PHYSICIAN ADMINISTERED MEDICATION REQUESTS

Dear Provider:

Effective March 3, 2022, Molina Complete Care of Arizona will require all Medicaid physician administered prior authorization medication requests to be faxed to our Pharmacy team at the following number: **(844) 271-6887**

The grid below includes Molina's current prior authorization fax numbers for Medicaid:

	Medicaid
Outpatient & Elective Inpatient	(866) 423-3889
Advanced Imaging	(866) 731-7218
Inpatient Admission Notification & Concurrent Review	(866) 423-3889
Transplant Requests	(866) 423-3889
Pharmacy Requests	(844) 271-6887

An updated **Prior Authorization Request Form** is attached for your convenience and can be found on our website at molinahealthcare.com/providers/az/medicaid/home.

For questions, please contact Molina Provider Services, Monday - Friday 8 a.m. to 5 p.m., at (800) 424-5891.

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**MOLINA COMPLETE CARE
Prior Authorization (PA) Form
PRESCRIPTION DRUG**

If the following information is not complete, correct, or legible, the PA process can be delayed.
Please use one form per member.

MEMBER INFORMATION

Member's Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Member's First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MCC ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Member's Phone Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender: Male Female

Weight in Kilograms: _____

PRESCRIBER INFORMATION

Prescriber's Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prescriber's First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

NPI Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specialty:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prescriber's Phone Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Prescriber's Fax Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--

Zip Code:

--	--	--	--	--	--	--	--

DRUG INFORMATION

Drug Name: _____

Strength: _____

Directions for Use: _____

Diagnosis: _____

(Form continued on next page.)

Member's Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Member's First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DRUG INFORMATION (Continued)

Date member started medication (*if previously started*): _____

Name of specific medication(s) tried and failed (*Samples do not qualify as a trial and failure of medication*):

Reason for non-formulary request, and/or clinical justification for requested drug use (Please include relevant lab values when appropriate. **Note:** Member chart notes will be requested if further documentation is necessary): _____

Additional notes: _____

Please include ALL requested information; Incomplete forms will delay the PA process. Submission of documentation does NOT guarantee coverage by Molina Complete Care. If you have any questions, please call **(800) 424-5891**. The completed form may be faxed to **(844) 271-6887**.