



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

New Expedited Authorization Code (Molina Medicaid)

RXBIN: 004336
RXPCN: MCAIDADV
RXGRP: RX0540, RX0574, RX0828, RX0542, RX0543

Molina Healthcare of Washington is an existing Plan Sponsor with CVS Caremark®. Effective August 1, 2024, Molina has added the following Expedited Authorization (EA) criteria to allow medications to be dispensed more than twice per month.

EA code	Code criteria
8 or 0000000008	The prescription is written for short days-supply because the member’s prescriber is monitoring the member’s supply.
Note: EA codes must be submitted with an “8” in the Prior Authorization Type Code field.	

PLEASE NOTE: State-specific regulations and rules may apply that will require a prior authorization to be submitted. Prior authorization forms are available at: <https://molinahealthcare.com/providers/wa/medicaid/drug/formulary.aspx>

This update applies to:
All Network Pharmacies

State(s):
Washington

Line of Business:
Medicaid

Customer Care for Plan Members:
1-800-869-7165

Pharmacy Inquiries
If you have questions, call the Pharmacy Help Desk number provided in the claim response or **1-800-364-6331 (IMC)** or **1-833-251-9738 (AHE)** if one is not provided.

Payer Sheets: For additional claim processing information, refer to the CVS Caremark Payer Sheets at caremark.com/pharminfo > NCPDP Payer Sheets.