



Drug Prior Authorization Requests for Medicaid/CHIP and Marketplace

Molina Healthcare continually strives to improve the experience and quality of care for our members and providers. Molina Healthcare of Utah would like to alert providers to an operational change that will affect submitted prior authorization (PA) requests for prescription drugs.

What is changing?

In the past, PA requests that did not meet Molina criteria in full or exceeded approval limits were decisioned as limited approvals in certain situations. These cases will now be decisioned as partial approvals/denials (split-decisioned).

Why is the process changing?

To provide improved visibility to member rights in situations where the originally requested service is not approved as initially requested by their provider.

When will the change go into effect?

October 1, 2021

Examples when the partial approval/partial denial decision may be rendered:

- 1. Molina PA criteria has been met, but the request is for a duration that exceeds Molina approval limits.
- 2. Molina PA criteria has been met, but the request is for a quantity that exceeds Molina approval limits.
- 3. Molina PA criteria has not been met and the request is for continuation of therapy, but interruption of therapy could cause member harm.

As a friendly reminder:

- It is imperative that providers review the plan response letter to a PA request in its *entirety*, including primary and secondary messages which may be included in latter paragraphs of the determination letter. This messaging notes what parts of the request were approved and what additional information is needed to meet criteria for further approval. Providers can submit requested additional information via the standard PA submission requests at any time.
- Molina adverse benefit determination letters include a description of any necessary criteria to be met
 or missing information to be submitted with the PA request to facilitate an efficient and
 comprehensive review.
- Each PA request should include all necessary clinical notes, lab work and medication history. Please reference the formulary at www.molinahealthcare.com.

Please note: Preferred options may require clinical review.

Thank you for partnering with us to ensure that members get access to the medications they need as efficiently as possible.

Any questions regarding this notification please call Molina Healthcare at (855) 322-4081