## **Provider Bulletin**

Molina Healthcare of Virginia, Inc.

## March 24, 2025

## **Medical Pharmacy Prior Authorization Submission Reminder**

Dear Providers,

This is a friendly reminder about submitting Medical Pharmacy Prior Authorization requests. We encourage all providers to submit these requests electronically to streamline the process and ensure timely approvals.

You can submit Medical Pharmacy Prior Authorization requests through the following methods: electronically, by fax, or by telephone.

Below are some reminders for submitting these requests.

- Availity portal: <a href="https://www.Availity.com">www.Availity.com</a>
  - o Please use the category = "Injections/Infusions"
- CoverMyMeds: <u>www.covermymeds.com</u>
- Surescripts: <u>Surescripts Prior Auth Portal</u>
- Fax: Please complete the Molina Prior Authorization Request Form and fax the request to (844) 278-5731.
- **Phone:** (800) 424-4518.

## MolinaHealthcare.com

VA-ALL-PRV-19784-25

