Molina Healthcare of Nebraska, Provider Notice

Pharmacy Tips for Drug Selection and Prior Authorization Process

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Molina Healthcare of Nebraska is here to share valuable tips and tricks to guide you through the drug selection and PA process.

Our searchable formulary tool allows you to find the formulary status of specific medications. It can be accessed here, Molina Formulary, or via the Molinahealthcare.com website.

In most cases, picking a preferred drug will not require a PA. In addition, most non-preferred drugs will require the trial and failure of the preferred agent(s).

Safety edits are placed on specific medications, such as age and quantity limits. Details regarding safety edits can be found on our searchable formulary link by clicking on the quantity limit (QTY) or age limit (AL) icons for individual drugs when applicable.

The state Medicaid pharmacy website neclaimlimitations.pdf (fhsc.com) lists state safety edits. You can search by drug name or specific age limits using the "Find" function.

If a prescriber believes a State PDL non-preferred drug is medically necessary for a patient, step therapy and PA requirements for state-managed medications can be found on the state Medicaid pharmacy website (State PDL) by looking for the desired drug.

Prior authorization criteria for Molina-managed drugs can be found on the Molinahealthcare.com website or by clicking here: Clinical Criteria. You can also find criteria through the PA feature of your electronic health records (EHRs).

If a drug does not have drug-specific criteria, requests will be reviewed for medical necessity based on previous drug therapy, ensuring formulary preferred drugs have been used before considering a non-preferred drug, FDA-approved or compendia-supported indications, and appropriate age and dosing per current medical literature.

Many PA requests are denied due to missing information rather than for clinical reasons. This can lead to delays in patient care and additional administrative burden. PA requests

must be responded to within 24 hours, which leaves little time to request missing information. Therefore, it's crucial to ensure all necessary information is included in the initial request.

Information that should be included in every PA request:

- Member demographics, including member name, DOB, and Medicaid ID number.
- Prescriber NPI number and contact information
- Requested drug, drug dosage, and duration of treatment
- HCPCS code for medical benefit requests
- Member diagnoses and pertinent laboratory results
- List of medications that were previously tried and failed
- Supporting documentation if a medication request is outside of FDA-approved dosing or for off-label use.

If you have general questions about this communication, please contact our Provider Relations Team at NEProviderRelations@MolinaHealthcare.com.