



**Molina Healthcare of Florida**  
**Medication Prior Authorization / Exceptions**  
**Request Form**  
**Fax: (866) 236-8531**

To ensure a timely response, please fill out form **COMPLETELY** and **LEGIBLY**. An incomplete form **will** be returned. Requests will not be processed if any of the following information below is missing (when applicable). For any questions, please contact Molina by phone at: (855) 322-4076.

Today's Date:	<input type="checkbox"/> Medicaid <input type="checkbox"/> Marketplace (Exchange Plans)
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**Member Information**

Last Name:	First Name:
ID Number:	Date of Birth:

**Provider Information**

Name:	Specialty and NPI number:
Phone Number:	Fax Number:

<b><u>Review Type:</u></b>	<input type="checkbox"/> <b>Hospital Discharge <u>ONLY</u>:</b> (please provide date of discharge ___/___/___ ) Discharging facility ( _____ ) Point of Contact / Case manager name and phone number ( _____ / _____ )
	<input type="checkbox"/> <b>Initial Review</b>
	<input type="checkbox"/> <b>Reauthorization</b> (Recent clinical chart notes showing evidence of Clinical efficacy must be submitted)

**\*\*Please submit chart notes that include clinical information to support medical necessity of the request AND a Copy of the Prescription\*\* - One PA form per medication.**

- Medication Requested:** (Include name, strength, directions and quantity)
- ICD-10 Code/Diagnosis description for medication requested:**
- Previous formulary medication trial and failures:** Length of treatment/outcome with dates must be supported in clinical documentation (chart notes) and pharmacy claims history.

**The use of pharmaceutical samples (from the prescriber or manufacturer assistance program) will not be considered when evaluating the medical condition, prior prescription history, or as continuation of therapy.**

\*\*\*\*\*HIPAA Confidentiality Notice\*\*\*\*\*

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**\*\*\*Pharmacy Drug Coverage Update\*\*\***

Newly FDA approved medications and select “buy-and-bill” drugs are considered non-formulary and subject to non-formulary policies and other non-formulary utilization criteria until a coverage decision is rendered by the Molina Pharmacy and Therapeutics Committee. “Buy-and-bill” drugs are pharmaceuticals which a provider purchases and administers, and for which the provider submits a claim to Molina Healthcare for reimbursement.

Many self-administered and office-administered injectable products require Prior Authorization (PA). In some cases, they will be made available through an in-network specialty pharmacy.

Please contact your Provider Relations Representative with any further questions about the Buy and Bill or Specialty Pharmacy medications.