



**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:

Review Type:	<input type="checkbox"/> Hospital Discharge ONLY : (please provide date of discharge ___/___/___) Discharging facility (_____ Point of Contact / Case manager name and phone number (_____/_____)
<input type="checkbox"/> Initial Review	<input type="checkbox"/> Reauthorization (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.

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