



**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)
---------------	---

Member Information

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

Provider Information

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

<u>Review Type:</u>	<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.

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

The document inside this electronic transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party and is required to destroy the information after its stated need has been fulfilled, unless otherwise required by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you received this electronic transmission in error, please notify the sender immediately to arrange for return.

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

As of 04/01/19, 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 Molina Healthcare’s vendor, Caremark Specialty Pharmacy. Molina’s pharmacy vendor will coordinate with MHC and ship the prescription directly to your office or the member’s home. All packages are individually marked for each member, and refrigerated drugs are shipped in insulated packages with frozen gel packs. The service also offers the additional convenience of enclosing needed ancillary supplies (needles, syringes and alcohol swabs) with each prescription at no charge.

Please contact your Provider Relations Representative with any further questions about the program.