



Molina Healthcare of Utah
Medication Prior Auth / Exceptions Request Form
Fax: (801)-245-3879
Phone: (888) 483-0760

To ensure a timely response, please fill out form completely and legibly. Decisions are made within 1 business day of receipt of all necessary information

Date of Request

MEMBER INFORMATION

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

PROVIDER INFORMATION

Name & Specialty:	NPI #:
Phone Number:	Fax Number:

❖ **Medication Requested**

Name of Medication:
Strength/Quantity:
Directions:
Estimated Duration of Therapy:

❖ **Diagnosis/Medical Indications for Rx** (Send all pertinent clinical documentation with this fax. Use of pharmaceutical samples cannot be accepted as justification)

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❖ **Previous Medication Trials** (length of treatment, outcomes with dates)

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☐ **Reauthorization of Current Medication** (*Recent clinical documentation required)

*****HIPPA Confidentiality Notice*****

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