MOLINA HEALTHCARE

Healthy Connections

MOLINA HEALTHCARE OF SOUTH CAROLINA

Request Form for Member Exemption from the 4 Rx Prior Authorization Process

To request that a member be exempted from the monthly medication limit, please complete this form by providing diagnoses for all chronic or maintenance medications.

This request for exemption will be reviewed by a pharmacist to identify opportunities for regimen simplification utilizing nationally recognized clinical practice guidelines. Feedback will be given to the prescriber submitting this form.

Please Note: Although a member is exempt from the limit, a Prior Authorization will continue to be required for any medication not on the Molina Healthcare of South Carolina Preferred Drug List.

Member Name (Last, First, Middle Initial)	Date of Birth / /	Member I.D. - -
Provider Information		
Provider name (last, first)	Provider Address:	
Phone Number ( ) -	Fax number ( ) -	
Provider DEA/NPI/State License Number:		

#	Drug Name	Direction	Diagnosis/Indication
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			

Fax completed form to Molina Healthcare of South Carolina at 1-855-571-3011