



Non-Formulary/Exception Inquiry

Molina Healthcare of Ohio

Phone Number: (888) 296-7677

Fax Number: (888)295-4761

Instructions: Please complete all applicable sections clearly. Attach any additional documentation that is important for the review.

Patient Information

*First Name:	*Last Name:	MI:	*Phone Number:	
*Address:	*City:	*State	*Zip Code:	
*Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Weight	Allergies:
*Molina ID Number:				

Non-Formulary Drug Information

*Drug Name:	Strength:	Frequency:
Diagnosis:		

Physician (Prescriber) Information

*First Name:	*Last Name:	Specialty:	
Address:	City:	State	Zip Code:
*Phone Number	Fax Number:	Email Address:	

Molina Healthcare of Ohio will contact the physician above to obtain the necessary information.

* Required information