 MOLINA HEALTHCARE

Non-Formulary/Exception Inquiry

Molina Healthcare of Florida

Phone Number: (888) 560-5716
Fax Number: (877) 508-5738

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:	☐ Male ☐ 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 Florida will contact the physician above to obtain the necessary information.		

* Required information