



## Non-Formulary/Exception Inquiry

Molina Healthcare of California

Phone Number: (888) 858-2150

Fax Number: (800) 816-3778

**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
*Phone Number	Fax Number:	Zip Code:
Email Address:		

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

\* Required information