Non-Formulary/Exception Inquiry

Molina Healthcare of California

Phone Number: (888) 665-4621
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:	☐ 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 California will contact the physician above to obtain the necessary information.

* Required information