Non-Formulary/Exception Inquiry

Molina Healthcare of Washington

Phone Number: (800) 869-7165
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 Washington will contact the physician above to obtain the necessary information.

* Required information