



## Non-Formulary/Exception Inquiry

Molina Healthcare of Wisconsin

Phone Number: (888) 560-2043

Fax Number: (888) 275-8750

**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<br><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 Wisconsin will contact the physician above to obtain the necessary information.

\* Required information