Molina Healthcare of California
One Golden Shore Drive
Long Beach, CA 90802
PHONE (800) 526-8196 x7854
FAX (888) 333-7242

To ensure a quick response time, please fill out form completely

MOLINA Medication Prior Authorization Request Form

Date: **Time:**

Pt. Name: **DOB:**

Pt. I.D# :

MD's Name/Specialty:

Phone #: **Provider Fax #:**

Pharmacy Fax #:

- **Medication:** (Include name, strength, dose and directions. One Medication per form.)

- **Diagnosis & Medical Justification for Rx:** (Send all pertinent test results and/or reports)

-Use of pharmaceutical samples can not be accepted as medical justification

- **Previous Therapy/ Formulary RXs tried:** (Length of treatment/outcome with dates)

For MOLINA Use Only	______ Approved	______ Pend	______ Denied
Comments:			

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