



**Molina Healthcare of Washington  
Prior Authorization/ Medication  
Exception Request**

Allow 2 business days to process

**Fax: (800) 869-7791**

**Phone: (800) 213-5525**

Date

Patient Name (Last, First, MI)	Member ID#	Date of Birth
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Physician Name (Last, First, MI)	Phone Number	Fax Number
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	(     )	(     )
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Specialty	NPI/DEA#
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Medication (Name - Strength - Dose)	Qty / Month	Directions for Use	Duration of Use
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Diagnosis / Medical Indications	Previous Meds Trial - Dates of Use
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Medical Justification	
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<input type="checkbox"/> Re-authorization of current medication	
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Pharmacy Fax Number: (     )	
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Pharmacy: Note Effective Dates	
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Please include your fax number. We can not guarantee a quick response if you do not include pharmacy fax number.	
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Comments
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Generic is **mandatory** unless otherwise indicated.

Approvals are subject to the member's co-pays and deductibles for their plan and all approvals must be filled at participating pharmacies unless specifically authorized at some other facility.

\* The Molina Healthcare Formulary is available to download onto your PDA at [ePocrates.com](http://ePocrates.com) or [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com).

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