

If the following information is not complete, correct, or legible, the SA process can be delayed.  
Please use one form per member.

**MEMBER INFORMATION**

Member's Last Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Member's First Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MOLINA ID Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Gender:  Male  Female

Weight in Kilograms: \_\_\_\_\_

**PRESCRIBER INFORMATION**

Prescriber's Last Name:

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Prescriber's First Name:

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NPI Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Specialty:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Phone Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Fax Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Street Address:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

--	--	--	--

Zip Code:

--	--	--	--	--	--	--	--

**DRUG INFORMATION**

Drug Name: \_\_\_\_\_

Strength: \_\_\_\_\_

Directions for Use: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

(Form continued on next page.)

Molina SA Form: Prescription  
Drug

Member's Last Name:

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Member's First Name:

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**DRUG INFORMATION (Continued)**

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Date member started medication (if previously started): \_\_\_\_\_

Name of specific medication(s) tried and failed: \_\_\_\_\_

Reason for non-formulary request, and/or clinical justification for requested drug use (Please include relevant lab values when appropriate. **Note:** Member chart notes will be requested if further documentation is necessary): \_\_\_\_\_

\_\_\_\_\_

Additional notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Prescriber Signature (Required)**

**Date**

*By signature, the physician confirms the above information is accurate and verifiable by member records.*

**Please include ALL requested information; incomplete forms will delay the SA process.** Submission of documentation does NOT guarantee coverage by Molina Healthcare.

The completed form may be **FAXED TO 1-844-278-5731** or you may call (800) 424-4518 (TTY:711)