

Pharmacy Administration - Prior Authorization / Exception Form



For questions, please call **952-883-5813** or **800-492-7259**

Incomplete submissions will be returned and may delay review.

FAX to 952-853-8700 or 1-888-883-5434

| | | | | |
|-------------------|---|---------------------------------|---|--|
| | Will waiting the standard review time seriously jeopardize the life or health of the member or the member's ability to regain maximum function? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Patient | Last Name | | First Name | |
| | | | MI | |
| | Date of Birth | HealthPartners Insurance ID # | | |
| | Address | | Weight BSA | |
| Provider | Today's Date | | Clinic Name | |
| | Provider Name (FIRST and LAST) | | Clinic Address | |
| | Specialty | | Telephone # | |
| | Provider NPI | | Fax # | |
| | Contact Person | | Recommended by a Consultant? <input type="checkbox"/> Yes <input type="checkbox"/> No Name Specialty | |
| Requested Therapy | Drug Requested & Dosing Schedule | | Brand name necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Date therapy initiated | Requested Start Date & Duration | | |
| | ICD-10 Diagnoses (Primary first) | | | |
| | Previous Therapies & Outcomes / Prescribing Rationale | | | |
| | If injectable medication, how is it being administered? <input type="checkbox"/> Self-administered <input type="checkbox"/> Professionally-administered | | | |
| Facility | Administering Facility Information (REQUIRED for professionally-administered drugs) | | | |
| | Name | | Address | |
| | Federal Tax ID | | NPI | |
| | Facility Type <input type="checkbox"/> Clinic <input type="checkbox"/> Outpatient Hospital <input type="checkbox"/> Home Infusion <input type="checkbox"/> Ambulatory Infusion Site | | | |

HealthPartners Preferred Drug List (Formulary), Prior Approval, and Medical Coverage Criteria are available at www.healthpartners.com

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