

**Pharmacy Administration - Prior Authorization / Exception Form**

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

Incomplete or illegible submissions will be returned and may delay review.



**HealthPartners®**

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

	Will waiting the standard review time <b>seriously jeopardize</b> the life or health of the member or the member's ability to regain maximum function?		Yes <input type="checkbox"/>
			No <input type="checkbox"/>
<b>Patient</b>	Last Name	First Name	MI
	Date of Birth	HealthPartners Insurance ID #	
	Address		Weight BSA
<b>Provider</b>	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	
<b>Requested Therapy</b>	Drug Requested & Dosing Schedule		Brand Name Necessary <input type="checkbox"/> YES <input type="checkbox"/> NO
	Date Therapy Initiated	Requested Start Date	
	ICD-10 Diagnoses (Primary first)		
	Previous Therapies & Outcomes / Prescribing Rationale		
	If <b>injectable</b> medication, how is it being administered? <input type="checkbox"/> Self-administered <input type="checkbox"/> Professionally-administered		
<b>Facility</b>	Administering Facility Information ( <b>REQUIRED</b> 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 Suite		

*HealthPartners Preferred Drug List (Formulary), Prior Approval and Medical Coverage Criteria are available at [www.healthpartners.com](http://www.healthpartners.com)*

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*Last updated 10/3/2016*