

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 seriously jeopardize the life or health of the member or the member's ability to regain maximum function?		Yes <input type="checkbox"/>
			No <input type="checkbox"/>
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	
	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 Suite		

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

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