



## Pharmacy Administration - Prior Authorization / Exception Form

CoOpportunity Health has contracted with HealthPartners Administrators, Inc. to provide claims processing, medical management and certain other administrative services.

Prescriber: Please complete Patient, Provider and Requested Therapy sections.

For questions please call HealthPartners at 800-492-7259. Incomplete submissions will be returned and may delay review.

**FAX to 1-888-883-5434**

<b>Patient</b>	Last Name		First	MI
	Date of Birth		Insurance ID #	
	Patient Address			
<b>Provider</b>	Today's Date		Clinic Name	
	Provider Name (FIRST and LAST)		Clinic Address	
	Specialty		Telephone #	
	Contact Person		Fax #	
	Federal Tax ID (only needed for medications given in-clinic)		Recommended by Consultant? Name	Yes
<b>Requested Therapy</b>	Drug Requested	Requesting "DAW" Y N	Dose Schedule	Duration of Therapy Desired
	Diagnosis/Clinical Information			
	Previous Therapies & Outcomes			

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

<b>HealthPartners Review Determination</b>	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DENIED Per Medical Director
Note from HealthPartners	