



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

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|--------------------------|--|-------------------------|------------------------------------|-----------------------------|
| Patient | Last Name | | First | MI |
| | Date of Birth | | Insurance ID # | |
| | Patient Address | | | |
| Provider | 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 |
| Requested Therapy | 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

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