



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

Patient	Last Name		First		MI	
	Date of Birth			CoOpportunity Health Insurance ID #		
	Patient Address					
Provider	Today's Date			Clinic Name		
	Provider Name (FIRST and LAST)			Clinic Address		
	Specialty			Telephone #		
	Contact Person			Fax # <input type="checkbox"/> <input type="checkbox"/>		
	Federal Tax ID (only needed for medications given in-clinic)			Recommended by Consultant? Yes No Name Specialty		
Requested Therapy	Drug Requested		Requesting "DAW" Y N	Dose Schedule		Duration of Therapy Desired
	Diagnosis/Clinical Information					
	Previous Therapies & Outcomes					

CoOpportunity Health Preferred Drug List (Formulary), Prior Approval and Medical Coverage Criteria are available at www.coOpportunityhealth.com

HealthPartners Review Determination	
<input type="checkbox"/> APPROVED Please notify patient and pharmacy.	<input type="checkbox"/> DENIED per Medical Director review
<input type="checkbox"/> Note from HealthPartners	

Group I Pkg I FI or SII PCR Plan	For Internal Use	PCSA I Date	RPh I Date
Open	Closed	NP	TOC
Pt Alert	TE		

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