

Medication Exception Prior Authorization Form



Samaritan
Health Plans

For emergencies, call the Samaritan Health Plans Pharmacy Department 888-435-2396 or 541-768-5207. Our hours of operation are Monday through Friday, 8 a.m. to 5 p.m.

Instructions:

- All the **BOLD** areas must be filled in (please print).
- Illegible and incomplete requests will slow down the process and may be sent back for clarification.
- Submit supporting medical documentation.
- If you have any questions, please call our Pharmacy Services Line at 541-768-5207 or 888-435-2396

Urgency: <input type="checkbox"/> Standard <input type="checkbox"/> Urgent		
Last name:		First name:
ID number:		Date of birth:
<input type="checkbox"/> Samaritan Advantage <input type="checkbox"/> IHN-CCO <input type="checkbox"/> Samaritan Employer Group <input type="checkbox"/> Samaritan Choice		
Check at least one type of Exception/Authorization:		
<input type="checkbox"/> Prior Authorization <input type="checkbox"/> Non-Formulary Exception <input type="checkbox"/> Tier Lowering Exception <input type="checkbox"/> Quantity Limit Exception <input type="checkbox"/> MED Limit Exception		
Drug requested (with strength):		Date:
Directions:	Quantity:	Day supply:
Patient diagnosis:		
Send chart notes for review (Add additional comments below): Submit documentations of comorbid conditions, contraindications, alternatives tried/failed, medication necessity and efficacy with future authorization requests.		
High Risk Medications: <input type="checkbox"/> By checking this box, I (the prescriber) acknowledge that the benefits of using this medication outweigh the potential risks of using this medication for this member and this information has been documented in the members medical record.		
Prescriber name:		NPI:
Office contact:	Phone:	Fax:

**Form must be complete with supporting documentation.
Fax form to 844-611-3831**