

# MEDICATION EXCEPTION / PRIOR AUTHORIZATION



## IMPORTANT!

- All areas of this form must be completed. PLEASE PRINT CLEARLY
- Illegible requests will slow down the process and may be sent back for clarification.
- SUPPORTING MEDICAL DOCUMENTATION MUST ACCOMPANY THIS FORM.
- Please call our Pharmacy Services Line at (541) 768-5207 or toll free 1-888-435-2396 if you need assistance with completing this form.
- **FAX FORM TO 1-888-415-1066**

<b>CHECK HEALTH PLAN (one only):</b>			
<input type="checkbox"/> IHN	<input type="checkbox"/> Samaritan Advantage	<input type="checkbox"/> Samaritan Choice	<input type="checkbox"/> Samaritan Select
<b>PATIENT INFORMATION:</b>			
Last Name:	First Name:	MI:	
Health Plan ID #:	Date of Birth: ____/____/____		
<b>CHECK TYPE OF EXCEPTION/AUTHORIZATION (one only):</b>			
<input type="checkbox"/> Prior Authorization	<input type="checkbox"/> Non-Formulary	<input type="checkbox"/> Tier	
<input type="checkbox"/> Medication Exception	<input type="checkbox"/> Brand	<input type="checkbox"/> Step Therapy/DUR	
<b>MEDICATION:</b>			
Drug (with strength) requested:	Quantity:	# of Refills:	
Pharmacy:	Pharmacy Phone:		
Is it life-threatening if the patient does not get this medication within 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>PATIENT DIAGNOSIS:</b>			
Please include clinical information to justify <u>OR</u> attach chart notes:			
<b>PRESCRIBER:</b>			
Name (PLEASE PRINT):	Phone:		
Office:	Fax:		

**REMINDER: Form must be complete and must include supporting documentation.**

## FOR EMERGENCIES, CALL:

Samaritan Health Plans Pharmacy Services  
541) 768-5207 • Toll Free 1-888-435-2396  
8:30 a.m. to 5:00 a.m., Monday – Friday