



MEDICATION EXCEPTION / PRIOR AUTHORIZATION

INSTRUCTIONS:

- ALL areas of this form must be completed.
- Illegible requests will slow down the process and may be sent back for clarification.
- If you have any questions, please call our Pharmacy Services Line at (541) 768-5207 or toll free 1-888-435-2396.

PATIENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____
 Samaritan Select Member ID#: _____ Date of Birth: ____/____/____
 Pharmacy: _____ Pharmacy Phone: _____

CHECK ONE:

Prior Authorization Non-Formulary Medication Exception Brand Medication Exception

Date: _____ Drug (with strength) requested: _____ Qty: _____ # of Refills: _____

Patient Diagnosis: _____

Send chart notes for review as you would for a referral. Add additional comments below:

Is it life threatening if the patient does not get this medication within 24 hours? Yes No

Prescriber Name (please PRINT): _____

Phone: _____ Fax: _____

FAX FORM TO: SAMARITAN SELECT (541) 768-4294

**** FORM MUST BE COMPLETE ****

**FOR EMERGENCIES, CALL THE SAMARITAN SELECT PHARMACY DEPT. (541) 768-5207
 OR ASK THE PHARMACY TO ENTER A 5-DAY OVERRIDE**