

Medication exception prior authorization form



Samaritan
Health Plans

For emergencies, call Samaritan Health Plans Pharmacy Department toll free at **888-435-2396** or **541-768-5207**. Hours of operation are Monday through Friday, 8 a.m. to 5 p.m.

Instructions:

- All the **bold** areas must be filled in (please type or print).
- Illegible and/or 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 the Pharmacy Services Line at **541-768-5207** or toll free at **888-435-2396**.

Urgency: Standard Urgent

Name brand only: Yes No

Last name: _____ **First name:** _____

Date of birth: _____ **Member ID:** _____

Samaritan Advantage IHN-CCO Samaritan Employer Group Samaritan Choice

Check at least one type of exception/authorization:

- Prior authorization Non-formulary exception Tier lowering exception
 Quantity limit exception Medication limit exception

Drug requested (with strength): _____ **Date:** _____

Directions: _____ **Quantity:** _____ **Day supply:** _____

Patient diagnosis: _____ **Expected length of therapy:** _____

List any additional drug(s) below:

(1) Drug tried; (2) Adverse outcomes for each; (3) Doses and duration of therapy for each drug.

(1) _____ (2) _____ (3) _____

(1) _____ (2) _____ (3) _____

(1) _____ (2) _____ (3) _____

High risk medications:

- 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 member's medical record.

Prescriber name: _____ **NPI:** _____

Office contact: _____ **Phone:** _____ **Fax:** _____

This form must be complete with supporting documentation including any relevant chart notes.

Fax the completed form for the following plans:

- **Employer Group/Samaritan Choice:** 844-403-1029
- **IHN-CCO (Medicaid):** 844-611-3831
- **Samaritan Advantage (Medicare):** 844-403-1028