



1-866-315-7587
Fax 1-800-310-9071

Prior Authorization/Medical Exception Form

For Provider use only
****For Oral Medications Only****

Member Name _____

Date _____

ID # _____

Date of Birth _____

Medication _____

Duration _____

Diagnosis _____

Medication Failure or Contraindication _____

Supporting statement for exception _____

Additional information for a redetermination _____

Physician/Specialist _____

Office # _____ Fax _____

Please send faxes to 1-800-310-9071
Overrides may take up to 48 hours.

****For injections (exc. Insulin), please fax to Health Services @ 1-888-790-9999****