HealthPlus
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STATUS

PHARMACY PRIOR AUTHORIZATION/EXCEPTION REQUEST FORM

Forward form to the HealthPlus Pharmacy Department via facsimile:

Flint facsimile: 810-720-2757
For questions or to request via telephone:
Flint local phone: 810-720-2758 Toll free phone: 877-710-0993

FOR A TIMELY RESPONSE, PLEASE PROVIDE **COMPLETE** INFORMATION.

HealthPlus ID#: _____ Patient Name: _____

Date of Birth: _____ Height: _____ Weight: _____ BMI: _____

This is a request for (check one): ☐ DAW ☐ Medication Requiring P/A ☐ P/A for Dosage Regimen

MedicarePlus Advantage Part D: ☐ Exception Request ☐ Medically Urgent

Closed Formulary: ☐ Exception Request

Prescribed Drug and Dosing Regimen: _____

Reason for Use (Diagnosis): _____

Previous Medications: _____

Please attach pertinent laboratory test(s) or procedure(s): (if applicable)

Reason why an alternative drug (or dosing regimen) cannot be used: _____

_____

DEA#: _____ HealthPlus Provider ID#: _____

Office Phone: (_____) _____ Office Facsimile: (_____) _____

Pharmacy Name (optional): _____ Pharmacy Phone: _____

Infusions/Injections (if applicable)
Place of Infusion/injection: _____
Provider ID: _____

Lab Results (if applicable)
CrCL: _____
TG: _____

I represent to the best of my knowledge and belief that the information provided is true, complete, and fully disclosed. A person may be committing insurance fraud if false or deceptive information with the intent to defraud is provided.

Physician's Name (please print) _____ Physician's Signature _____
Office Contact Person: _____

For HealthPlus Use Only

Request Date: _____ LOB: _____ L ____ E ____ N ____

Non-Urgent Request: _____ Urgent Request: _____

Exception Request: _____

CPT Review Time _____ RPh Review Time _____ Med Dir Review Time _____

Comments: _____

Approved ☐ Partial Approval ☐ Denied ☐

Approved by: _____ Reason for Denial: _____

Effective Date: _____

Faxed to Indigent Program: _____

If you would like to discuss this case with a pharmacist or physician reviewer, please call (800) 332-9161.

**THIS DOCUMENT MAY BE PHOTOCOPIED, or you may request additional copies by calling the HealthPlus Pharmacy Department at the telephone number(s) listed above.