



Instructions:

- All the **BOLD** areas must be filled in.
- Illegible and 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 our Pharmacy Services Line at 541-768-5207 or 888-435-2396.

Member Last Name: _____	Member First Name: _____
ID Number: _____	Date of Birth: ____/____/____
<input type="checkbox"/> Samaritan Advantage <input type="checkbox"/> IHN-CCO <input type="checkbox"/> Samaritan Employer Group <input type="checkbox"/> Samaritan Choice	

Check at least one type of Exception/Authorization:

- Prior Authorization
 Non-Formulary Exception
 Tier Lowering Exception
 Quantity Limit Exception
 MED Limit Exception

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

Directions: _____ **Quantity:** _____ **Day Supply:** _____

Patient Diagnosis (MUST be completed): _____

Send chart notes for review (Add additional comments below):

Submit documentations of comorbid conditions, contraindications, alternatives tried/failed, medication necessity and efficacy with future authorization requests.

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 members medical record.

Prescriber Name (please PRINT): _____ **NPI:** _____

Office Contact: _____ **Phone:** _____ **Fax:** _____

Expedited Decision Requested. Must meet the following criteria: If waiting for a decision in the standard timeframe (72hrs) could **seriously harm the member's health or ability to regain maximum function**, you can ask for an expedited decision (24hrs).

For emergencies: Call the Samaritan Health Plan Operations Pharmacy Department 888-435-2396 or 541-768-5207. Hours of Operation 8:00am to 5:00pm M-F.

Form Must Be Complete with Supporting Documentation

***** Fax form to 1-844-611-3831*****