



Health Net Health Plan of Oregon, Inc.
 Health Net Life Insurance Company
Prior Authorization / Formulary Exception Request Fax Form
FAX TO: (800) 255-9198

Form must be fully completed to avoid a processing delay.

For status of a request, call: (888) 802-7001

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|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--------------------------------|--|--|---|--|--|--|--|--|
| Patient's Name (Last, First, MI) | | | | | | | | | | | Date of Birth ----- MM / DD / YYYY ----- | | | | | | | | | | | |
| Member ID # ----- Please print clearly and enter one digit per box ----- | | | | | | | | | | | Patient's Phone ----- Please print clearly and enter one digit per box ----- | | | | | | | | | | | |
| Patient's Address, City, State, Zip | | | | | | | | | | | Gender <input type="checkbox"/> M <input type="checkbox"/> F | | | Allergies | | | | | | | | |
| Provider's Name (Last, First, MI) | | | | | | | | | | | Provider Specialty | | | Contact Name | | | | | | | | |
| Provider's Address, City, State, Zip | | | | | | | | | | | NPI # | | | | | | | | | | | |
| ----- Provider's Phone ----- Please print clearly and enter one digit per box ----- | | | | | | | | | | | ----- Provider's Fax ----- Please print clearly and enter one digit per box ----- | | | | | | | | | | | |
| Medication Name and Strength | | | | | | | | | | | Quantity | | | Direction for Use and Duration | | | | | | | | |
| Administered: <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Dialysis Center <input type="checkbox"/> Home Health <input type="checkbox"/> By Patient <input type="checkbox"/> Other (specify): | | | | | | | | | | | Diagnosis | | | ICD-9 Code | | | New Start with This Medication: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Date of First Dose | | | | | |
| Medications Previously Tried with Dates of Use | | | | | | | | | | | | | | | | | | | | | | |
| Medical Justification and Supporting Information (attach labs and/or chart notes as appropriate) | | | | | | | | | | | | | | | | | | | | | | |

For Medicare members only: Please review carefully and complete each applicable subsection.

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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| For all requests: Is the patient currently receiving dialysis? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| For immunosuppressive medication requests: Is it being used for a transplant? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | If Yes, Date of transplant: | | | | | |
| For antiemetic medication requests: Will the patient be on any other concurrent antiemetic therapy? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify drug(s) & route: _____ | | | | | | | | | | | Will this drug be used as full therapeutic replacement for intravenous antiemetic drugs within 2 hours and continued for a period not to exceed 48 hours of chemotherapy? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| For nutritional supplement (enteral or parenteral) medication requests: Does the patient have a G-tube? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the patient have a permanent dysfunction of the digestive track? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | |
| For nebulized medication requests: Does the patient reside in a long term care facility or a skilled nursing facility? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | | | |

I certify that the above information is correct to the best of my knowledge.

| | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|---------|--|--|--|--|--|
| Physician's Signature | | | | | | | | | | | Date | | | | | |
| Name of provider/vendor submitting this form if other than the prescriber above | | | | | | | | | | | Phone # | | | | | |

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Mailing Address: HNPS Prior Authorization Department, 13221 SW 68th Parkway, Suite 200, Tigard, Oregon 97223-8328
 For copies of prior authorization forms and guidelines, please call (888) 802-7001 or visit the provider portal at www.healthnet.com.