



Prior Authorization / Formulary Exception Request Fax Form

CoverMyMeds is Health Net's preferred way to receive prior authorization requests. Visit www.covermymeds.com/main/prior-authorization-forms to begin using this free service OR FAX this completed form to (800) 255-9198.

Form must be fully completed to avoid a processing delay.

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

Form fields including Patient's Name, Date of Birth, Member ID, Patient's Phone, Patient's Address, Gender, Allergies, Provider's Name, Specialty, Contact Name, Provider's Address, NPI #, Medication Name, Strength, Quantity, Direction for Use, Administered location, Diagnosis, ICD Code, New Start with This Medication, Medications Previously Tried, and Medical Justification.

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

Medicare subsection form with questions: For all requests: Is the patient currently receiving dialysis? For drugs considered to be High Risk Medications (HRM) for the elderly... For immunosuppressive medication requests... For antiemetic medication requests... For nutritional supplement (enteral or parenteral) medication requests...

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

Signature and Date fields for the certifying provider.

The documents accompanying this facsimile transmission may contain information that is confidential and prohibited from disclosure. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained in this transmission is strictly prohibited.

Mailing Address: Pharmacy Prior Authorization Department, 13221 SW 68th Parkway, Suite 500, Tigard, Oregon 97223-8328

For copies of prior authorization forms and guidelines, please call (888) 802-7001 or visit the provider portal at provider.healthnet.com.