Pharmacy Provider Reconsideration Request Form

Fax to 503-416-1428

Information required for processing this request:

- All fields must be completed and the information must be legible.
- Provide documentation supporting your statement (e.g. medical records and clinical studies.)
- Provide a statement of why you disagree with the original denial reason and/or why you disagree with the criteria we used to make the original decision.

Determinations for Oregon Health Plan members will be rendered within 14 days from the date received. For assistance with this form call CareOregon at 503-416-4100 from 8 a.m. to 5 p.m., Monday through Friday.

Note: Provider Reconsideration Request must be received within 45 days from the date of the original denial of the medication.

Patient Information	Prescribers Information
Patient Name:	Prescriber Name:
Date of Birth:	Contact Person:
Member ID:	Office Phone:
Phone:	Office Fax:

Medication Information

Medication:	Date of Denial:

Additional Diagnosis Code(s) (ICD-10):

Reason given for original denial (check all that apply):

Age or Quantity Limit Exceeded   Below the Line Diagnosis   Does Not Meet PA Criteria
Experimental/Investigational Use   Insufficient Information   Non-Formulary   Other

Rationale for Request

Provide a statement that explains why you disagree with the original denial or with the criteria we used in our determination. Please provide documentation supporting your statement (e.g. medical records and clinical studies).

Prescriber's Signature: ____________________ **Date:** ____________________

Confidentiality Notice: The documents accompanying this transmission contain confidential health information that is legally privileged. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender (via return FAX) immediately and arrange for the return or destruction of these documents.

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