



This form is provided on another website.

> [Minnesota Uniform Form for Prescription Drug Prior Authorization \(PA\) Requests and Formulary Exceptions \(PDF\)](#)

For **formulary exception requests**, use the following data to complete Section A:

- Group Purchaser Name: **CCStpa**
- Group Purchaser Contact Name (if available): **Prime Therapeutics LLC
Clinical Review Department**
- Group Purchaser Address: **1305 Corporate Center Drive**
- City, State, Zip: **Eagan, Minnesota 55121**
- Group Purchaser Phone: **1-866-202-3474**
- Secure Fax #: **1-877-480-8130**

For **drug prior authorization requests**, use the following data to complete Section A:

- Group Purchaser Name: **CCStpa**
- Group Purchaser Contact Name (if available): **Health and Wellness Services**
- Group Purchaser Address: **PO Box 179**
- City, State, Zip: **Duluth, Minnesota 55801-0179**
- Secure Fax #: **1-866-938-9754**

Please **attach all relevant medical documentation** with the drug prior authorization request.