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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: **CCS tpa**
- 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 data below to complete Section A. Please **attach all relevant medical documentation** with the drug prior authorization request.

- Group Purchaser Name: **CCS tpa**
- Group Purchaser Contact Name (if available): **Integrated Health Management, Route 472**
- Group Purchaser Address: **PO Box 64668**
- City, State, Zip: **St Paul, Minnesota 55164-0668**
- Secure Fax #: **(651) 662-2810**