**Pharmacy Pre-Approval Request Form**

Patient Name (Last, First, MI) Birth Date Member ID Medication and Strength Quantity Directions for Use/Duration Is this a new medication for the patient? Yes No Date First Started Diagnosis ICD-10 Code

|  |  |
| --- | --- |
| Formulary Drugs Tried/ Previous Therapy | Dates of Use |

Medical Justification for Requested Drug ***(Submit chart notes and supporting labs)***

Physician Name (Last, First, MI) Specialty Address Contact Person Contact Email Physician Phone Physician Fax Pharmacy, if known Pharmacy Phone Pharmacy Fax ***Submit this information and supporting chart notes and labs via InTouch Provider portal, available online:***

<https://communitysolutions.pacificsource.com/Providers>

About PacificSource Pharmacy Requests

**To review pre-approval criteria and current formulary:**

<https://communitysolutions.pacificsource.com/Search/Drug>

PacificSource Community Solutions responds to preauthorization requests within 24 hours. If you need assistance, call the PSCS Pharmacy Services team: (541) 330-2467 and toll-free (855) 228-6229 or email [Pharmacy@pacificsource.com](mailto:Pharmacy@pacificsource.com)

Reminder, OHP covers treatments that are ranked on a covered Prioritized List line for the member’s reported medical condition. For reference, <https://intouch.pacificsource.com/LineFinder>

RX2989\_0120\_PlanApproved02062020