

Prior Authorization/Medication Exception Request Form



Urgent **Yes** **No**

Patient name (last, first, MI) _____

Birth date _____ Member ID no. _____

Medication and strength _____ Generic Brand name 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) _____ Tax ID number (TIN) _____ Specialty _____

Address _____

Contact person _____ Contact email _____

Physician phone _____ Physician fax _____

Pharmacy, if known _____

Pharmacy phone _____ Pharmacy fax _____

Submit this form with supporting chart notes and labs online via InTouch at PacificSource.com or fax to 541-225-3665.

About PacificSource pharmacy requests

PacificSource responds to preauthorization requests within two (2) working days. Medically appropriate expedited requests with sufficient information are processed in 24 hours.

For drug lists, prior authorization, and step therapy policies, visit PacificSource.com or call Pharmacy Services for assistance: **844-877-4803**, TTY:711. We accept all relay calls.

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