

# Pharmacy Prior Authorization Request



## 1. Patient information

First name \_\_\_\_\_ Last name \_\_\_\_\_ 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 \_\_\_\_\_

## 2. Past drugs and therapies

Name of past drug/therapy \_\_\_\_\_ Dates of use \_\_\_\_\_  
Name of past drug/therapy \_\_\_\_\_ Dates of use \_\_\_\_\_  
Name of past drug/therapy \_\_\_\_\_ Dates of use \_\_\_\_\_  
Medical justification for requested drug (please submit chart notes and supporting labs):

## 3. Physician information

First name \_\_\_\_\_ Last name \_\_\_\_\_ MI \_\_\_\_\_  
Specialty \_\_\_\_\_ Address \_\_\_\_\_  
Contact person \_\_\_\_\_ Contact email \_\_\_\_\_  
Physician phone \_\_\_\_\_ Physician fax \_\_\_\_\_  
Pharmacy, if known \_\_\_\_\_  
Pharmacy phone \_\_\_\_\_ Pharmacy fax \_\_\_\_\_

Please submit this form and **supporting chart notes** and labs via the InTouch Provider portal (preferred method): [PacSrc.co/itp-login](https://PacSrc.co/itp-login) or fax to 541-225-3665.

## About PacificSource Pharmacy requests

To see our prior authorization criteria and current formulary, visit: [PacSrc.co/cs-drug-search](https://PacSrc.co/cs-drug-search). We respond to authorization requests within 24 hours. For assistance, please call Pharmacy Services: **855-228-6229**, TTY: 711 (we accept all relay calls), or email [Pharmacy@PacificSource.com](mailto:Pharmacy@PacificSource.com). Note: OHP covers treatments ranked on a prioritized list line for the member's reported medical condition. See [PacSrc.co/linefinder](https://PacSrc.co/linefinder).