

# Prior Authorization/Medication Exception Request Form



Patient name (last, first, MI) \_\_\_\_\_

Birth date \_\_\_\_\_ Member ID \_\_\_\_\_

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 and supporting chart notes and labs online via InTouch at [PacificSource.com](http://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 are processed in 24 hours.

For drug lists, preauthorization, and step therapy policies, visit [PacificSource.com](http://PacificSource.com) or call Pharmacy Services for assistance: **844-877-4803**.

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