Prior Authorization Request Form for Prescription Drugs

CoverMyMeds is the preferred way to receive prior authorization requests. Visit https://www.covermymeds.com/main/prior-authorization-forms to begin using this free service.

OR FAX this completed form to 833.582.2342 OR Mail requests to: Pharmacy Services PA Dept. | 5 River Park Place East, Suite 210 | Fresno, CA 93720

I. PROVIDER INFORMATION		II. MEMBER INFORMATION			
Prescriber name (print):		Member name:			
Office contact name:		Identification number:			
Group name:		Group number:			
Fax:		Date of Birth:			
Phone:		Medication allergies:			
III. DRUG INFORMATION (One drug r	equest per	form)			
Drug name and strength:	Dosage form:		osage Interval (sig)	Qty per Day:	
Diagnosis relevant to this request:		•			
Expected length of therapy:					
Medication History for this Diagnosis					
A. Is member currently treated on this med yes; How Long? [go to item		[skip items	B & C; go to item D]		
B. Is this request for continuation of a prev □yes [go to item C]			;; go to item D]		
C. Has strength, dosage, or quantity requir					
☐ yes [go to item D] ☐ ☐ Important D; indicate rationale for continuation in Section IV and submit form]					
D . Please indicate previous treatment and	outcomes bel	low.			
		Therapy	Reason for Discontinu	Reason for Discontinuation	
1					
2					
3					
4					
NOTE: Confirmation of use will be made from criteria. The formulary is available on the			file; prior use of preferred drugs is a pa	rt of the exception	
IV. RATIONALE FOR REQUEST / PER	TINENT CL	INICAL II	NFORMATION (Required for all Prio	r Authorizations)	
Appropriate clinical information to support the request on the basis of medical necessity must be submitted.			· Signature:	Date:	

Pharmacy Services will respond via fax or phone within 24 hours of receipt of all necessary information.

Requests for prior authorization (PA) must include member name and ID#, and drug name. **Incomplete forms will delay processing.** Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)