



For PacificSource Pharmacy Requests

- Submit online via InTouch at PacificSource.com or
- Fax to (541) 225-3665

PREAUTHORIZATION / MEDICATION EXCEPTION REQUEST FORM

(*Please submit supporting documentation for the requested medication.)

Patient name (last, first, MI)		Member ID #	Date of birth
Medication name and strength		Quantity	Directions for use and duration
Is this a new medication for the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date first started: _____	
Diagnosis			ICD-9/ ICD-10 Code
Formulary drugs tried / previous therapy			Dates of use
Medical justification for requested drug* (submit chart notes and supporting labs via InTouch or fax)			
Physician name (last, first, MI)		Specialty	Physician address
Contact person	Contact Email address	Contact phone number	Contact fax number
Pharmacy name		Pharmacy phone	Pharmacy fax
<p>For Drug Lists, preauthorization and step therapy policies: www.pacificsource.com/drug-list/ Or Call Pharmacy Services for assistance: (844) 877- 4803</p>			

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