



PacificSource Community Solutions
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CommunitySolutions.PacificSource.com

Pharmacy Pre-Approval Request Form

Patient Name (Last, First, 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 _____

Formulary Drugs Tried/ Previous Therapy	Dates of Use
_____	_____
_____	_____

Medical Justification for Requested Drug (**Submit chart notes and supporting labs**) _____

Physician Name (Last, First, MI) _____ Specialty _____

Address _____

Contact Person _____ Contact Email _____

Physician Phone _____ Physician Fax _____

Pharmacy, if known _____

Pharmacy Phone _____ Pharmacy Fax _____

Submit this information and supporting chart notes and labs via InTouch Provider portal, available online:

<https://communitysolutions.pacificsource.com/Providers>

About PacificSource Pharmacy Requests

To review pre-approval criteria and current formulary:

<https://communitysolutions.pacificsource.com/Search/Drug>

PacificSource Community Solutions responds to preauthorization requests within 24 hours. If you need assistance, call the

PSCS Pharmacy Services team: (541) 330-2467 and toll-free (855) 228-6229 or email Pharmacy@pacificsource.com

Reminder, OHP covers treatments that are ranked on a covered Prioritized List line for the member's reported medical condition. For reference, <https://intouch.pacificsource.com/LineFinder>