

Pharmacy Pre-Approval Request Form

Online submission: Submit Pre-approval requests online via the InTouch Portal: www.CommunitySolutions.PacificSource.com/Providers, click on the InTouch login and follow the instructions.

To review pre-approval criteria and current formulary:

www.CommunitySolutions.PacificSource.com/Tools/DrugSearch

Pharmacy Department: (541) 330-4999, Toll-free (888) 437-7728

Member Information	
Member Name:	
Member DOB:	Member ID:
Prescribing Provider Information	
Provider Name:	Provider DEA or NPI:
Provider Phone:	Provider Fax:
Pharmacy Information (If known)	
Pharmacy Name:	
Pharmacy Fax:	Pharmacy Phone:
Medication Information	
Drug Name/Strength:	Quantity/Days Supply:
Dosage Instructions:	
<p>Medical Necessity Documentation Required: (Upload supporting documentation via InTouch.) Why is this medication necessary for this member? (Please include member's medical diagnosis.):</p>	

Medications tried first, if applicable (Please submit documentation of trial and failure of formulary agent if requesting a non-formulary medication.):
Explain why each <i>untried</i> formulary alternative is unsuitable or less desirable: