Prescription Drug Prior Authorization Request Form

This form is to be completed by the prescribing provider and staff. Please complete in full to avoid a processing delay. Fax completed forms.

Patient Information		
Patient's Name (Last, First, MI):		
Member ID:	Date of Birth:	
Requesting Provider Information		
Requesting Physician/Provider's Name:		Specialty:
NPI:	Tax ID No:	
Address:		
Phone:	Fax:	
Contact Name:	Phone:	Fax:
Pharmacy Name (For Prescription Drugs):	Phone:	Fax:
Medical Drug Information (if applicable, patient will receive medication in clinic)		
Site of Care Location:	Start Date:	
Address:		
Phone:	NPI:	Tax ID:
Drug Information		
Requested Drug Name/Strength:		ICD-10:
Quantity:	Directions:	Length of Therapy:
List of Drugs Previously Tried (Formularies are available at https://www.providencehealthplan.com/members/pharmacy-resources)		
Drug Name:	Dosage:	

Provide the medical rationale for requested drug (include chart notes and supporting labs) and why a formulary alternative is not acceptable

____

____

☐ Urgent Request

Requesting Provider's Signature: ____ Date:__________________

STRICT CONFIDENTIALITY IS MAINTAINED FOR ALL MEDICAL INFORMATION AND REQUESTS.

Any additional information needed will be requested via telephone or fax. Your office will be notified by fax of the decision.

Providence Health Plans ATTN: Pharmacy Services PO Box 4327 Portland, OR 97208-4327	Fax 503-574-8646 or 800-249-7714	Questions Please Call 503-574-7400 or 877-216-3644	**ATTENTION:** **For prescriptions obtained at a pharmacy, electronic PA can be submitted via either CoverMyMeds or SureScripts**

IMPORTANT NOTICE: This message is intended for the use of the person or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this message by error, please notify us immediately and destroy the related message.