Prior Authorization Request Form for Prescription Drugs

CoverMyMeds is our preferred way to receive prior authorization requests. Visit CoverMyMeds.com/main/prior-authorization-forms to begin using this free service. You may also submit this request by faxing the completed form to 1-833-582-2341 or mailing it to the following address:

Pharmacy Services PA Dept.
5 River Park Place E., Suite 210
Fresno, CA 93720

I. Provider Information	**II. Member Information**
Prescriber name:	Member name:
Office contact name:	ID number:
Group name:	Group number:
Fax:	DOB:
Phone:	Medication allergies:

III. Drug Information (one drug request per form)

Drug name and strength:	Dosage form:	Dosage interval (sig):	Quantity per day:

Diagnosis relevant to this request:

Expected length of therapy:

Medication History for this Diagnosis

A. Is the member currently treated on this medication?

☐ yes; how long? ____________________ (go to item B) ☐ no (skip to items B& C; go to item D)

B. Is this request for continuation of a previous approval?

☐ yes (go to item C) ☐ no (skip item C; go to item D)

C. Has the strength, dosage, or quantity required per day increased or decreased?

☐ yes (go to item D) ☐ no (skip item D; indicate rationale for continuation in section IV)

D. Please indicate previous treatment and outcomes below.

Drug Name (include strength and dosage)	Dates of Therapy	Reason for Discontinuation

NOTE: Confirmation of use will be made from the member history on file; prior use of preferred drugs is part of the exception criteria. The Preferred Drug List (PDL) is available at ArkansasTotalCare.com.

IV. Rationale for Request/Pertinent Clinical Information (required for all prior authorizations)

Appropriate clinical information to support the request on the basis of medical necessity must be submitted.	Provider signature:	Date:

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

Requests for prior authorization must include member name and ID as well as drug name. Incomplete forms will delay processing. Please include lab reports with requests when appropriate (e.g. culture and sensitivity, HbA1C, serum creatinine, CD4, hematocrit, WBC).

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