



California Pre-Service Injectable Authorization Request

Fax Completed Form to (323) 337-9143

Authorization Request Instructions

This form is for injectable drugs that may be administered in a physician's office.

The current list of "Injectable Drugs Requiring Pre-Service Approval" is available under Provider Materials on the Positive Healthcare Websites at <http://positivehealthcare.net/>.

Please include all pertinent clinical documentation.

Complete this form and fax to Utilization Management at (323) 337-9143. Please call (800) 474-1434 for authorization status.

Date of Request: _____

Check if Urgent

Patient Information

| | | | |
|-------------------|------------------|------------------------|---|
| Member Name _____ | Birth Date _____ | Member ID Number _____ | Select Plan Option: <input type="checkbox"/> Positive Healthcare Partners <input type="checkbox"/> Positive Healthcare California |
|-------------------|------------------|------------------------|---|

Medication Information

Drug _____ Strength _____ Quantity _____

Indication for Medication

Diagnosis / Code _____
CPT Code / J Code _____ Patient Weight _____
List Patient's Clinical Condition, Lab Data, or other Diagnostic Data _____

Outcomes of Previous Therapies: Include Drug, Dose, and Duration

1. _____
2. _____
3. _____

Prescriber Information

| | | |
|---------------------------------|-----------------|------------|
| Prescriber Name (Print) _____ | Signature _____ | Date _____ |
| Prescriber Office Contact _____ | Phone _____ | Fax _____ |

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For Health Plan Use Only

Approved Denied

Completed By _____ Reviewed By _____

Comments: _____

