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 Publications on our website at: **PHP**: www.php-ca.org/for-providers/publications

PHC California: www.phc-ca.org/providers/pubs

Complete this form and fax to Utilization Management at (323) 337-9143. Please include all pertinent clinical documentation. For authorization status, call (800) 474-1434.

Date of Request: _____ Check if Urgent ☐

Patient Information

Member Name	Birth Date	Member ID Number	Select Plan Option: ☐ PHP ☐ PHC 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: _____