

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

authorization status.				
Date of Request:			Check if Urgent □	
Patient Information				
Member Name	Birth Date	Member ID Number	Select Plan Option: Positive Healthcare Partners Positive Healthcare California	
Medication Information				
Drug	Strength	Strength		
Indication for Medication				
Diagnosis / Code				
CPT Code / J Code	P			
List Patient's Clinical Condition, Lab Data, or other Diagnostic Data				
	_			
Outcomes of Previous Therapies: Include Drug, Dose, and Duration				
1				
2				
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:				

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