

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH
 DRUG PRIOR AUTHORIZATION (PA) REQUEST FORM
 Department of Behavioral Health
 San Bernardino County
 Phone: 909-382-3087 • Fax: 909-382-3106

This form must be completed by the physician or pharmacy requesting prior authorization.
Fax Completed form to 909-382-3106

PA Request Date _____	
MEMBER INFORMATION	PROVIDER INFORMATION
F.I. Code _____	Physician Name _____
Member Name (Last, First MI) _____	Physician Signature _____ (not required if completed by pharmacy)
	X _____
Member ID Number _____	Clinic Phone Number _____ Clinic Fax Number _____
DOB _____	Pharmacy NPI _____
Gender _____ Male Female	Pharmacy Name _____
Member Phone Number _____	Pharmacy Contact _____
	Pharmacy Phone Number _____ Pharmacy Fax Number _____
MEDICATION INFORMATION	
NEW RENEWAL RENEWAL ORIGINAL RX DATE: _____	CURRENT MEDICATION(S)
DIAGNOSIS (LIST RELEVANT DX)	
LIST FORMULARY DRUGS TRIED AND PROVIDE MEDICAL JUSTIFICATION	
DRUG NAME	DRUG NAME
DRUG STRENGTH	DRUG STRENGTH
DRUG NDC	DRUG NDC
QUANTITY: _____ DAYS SUPPLY: _____	QUANTITY: _____ DAYS SUPPLY: _____
DIRECTIONS	DIRECTIONS

FOR SAN BERNARDINO DBH MEDICAL STAFF OFFICE USE ONLY

APPROVED DENIED DEFERRED APPROVED AS MODIFIED
 Approved By _____ Date _____
 COMMENTS: _____
