

SAN BERNARDINO COUNTY
 DEPARTMENT OF BEHAVIORAL HEALTH
 DRUG PRIOR AUTHORIZATION (PA) REQUEST FORM
 Phone: (909) 252-5297
 - DBH-DrugPriorAuthorization@dbh.sbcounty.gov

This form must be completed by the physician or pharmacy requesting prior authorization.

Email Completed form to: DBH-DrugPriorAuthorization@dbh.sbcounty.gov

PA Request Date			
MEMBER INFORMATION		PROVIDER INFORMATION	
F.I. Code		Physician Name and NPI	
Member Name (Last, First MI)		Physician Signature <small>(not required if completed by pharmacy)</small>	
		X _____	
Member ID Number		Clinic Phone Number	Clinic Fax Number
DOB		Pharmacy NPI	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Pharmacy Name	
Member Phone Number		Pharmacy Contact	
		Pharmacy Phone Number	Pharmacy Fax Number
MEDICATION INFORMATION			
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		CURRENT MEDICATION(S)	
RENEWAL ORIGINAL RX DATE: _____			
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: _____
