

SAN BERNARDINO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH  
 DRUG PRIOR AUTHORIZATION (PA) REQUEST FORM  
 Department of Behavioral Health  
 San Bernardino County  
 Phone: (909) 388-0810 • Fax: (909) 890-0281

**This form must be completed by the physician or pharmacy requesting prior authorization.**  
**Fax Completed form to (909) 890-0281**

PA Request Date			
<b>MEMBER INFORMATION</b>		<b>PROVIDER INFORMATION</b>	
F.I. Code		Physician Name	
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
<b>MEDICATION INFORMATION</b>			
<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: \_\_\_\_\_  
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