

MEDICATION AUTHORIZATION FORM

Please check
line of business
→

Medi-Cal Managed Care Healthy Families Healthy Kids Healthy Connections
Network+ Plus San Joaquin Health Administrators AIM

Medications requiring Health Plan approval must be submitted on this form. Please complete *all* of the information below and fax to the Health Plan of San Joaquin UM department: **209-942-6302**

Urgent

For questions, call HPSJ UM Department Pharmacy line (209) 942-6351.

Payment is subject to member eligibility. Eligibility can be confirmed by calling: 209-942-6320 or the IVR eligibility line (209 942-6303).

PATIENT

Name	
(Last)	(First)
HPSJ Member ID No.:	
Date of Birth / /	Sex: M <input type="checkbox"/> F <input type="checkbox"/>

PRESCRIBING PHYSICIAN

Name	
Specialty: <input type="checkbox"/> PCP <input type="checkbox"/> Psychiatry <input type="checkbox"/> _____	
Phone #	
Fax #	

PARTICIPATING PHARMACY

Name

Phone #	Fax #
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MEDICATION INFORMATION

Requested Medication Name and Strength
Quantity to be Dispensed
NDC Number

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL-
INDICATE ORIGINAL Rx DATE:
Directions
of Refills

PATIENT HISTORY

Relevant Diagnosis
Current Meds

Formulary Drugs Tried / Result / Justification for non-formulary medication, comment:

ADDITIONAL COMMENTS:

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Date:	Requestor Signature:
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