



Pharmacy Department
 1540 Bridgegate Drive, Diamond Bar, CA 91765
 Tel: (626) 388-2390 / (866) 314-2427

Fax: (626) 388-2363

Pharmacy Authorization and Formulary Exceptions Request

DATE

LEVEL OF SERVICE

- ROUTINE (72 HRS)
 EXPEDITED (24 HRS: PRESCRIBING PROVIDER MUST ALSO CALL CHMP)

TO BE COMPLETED BY PRESCRIBING PROVIDER			
PATIENT INFORMATION		PRESCRIBING PROVIDER	
NAME <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		NAME	
ID #	DATE OF BIRTH AGE	TELEPHONE	FAX
TELEPHONE	PCP	IPA OR GROUP	SPECIALTY
ADDRESS		ADDRESS	

PHARMACY INFORMATION		
NAME		PHARMACIST OR TECHNICIAN
TELEPHONE	FAX	ADDRESS

REQUESTED PRESCRIPTION		
DRUG NAME	STRENGTH OR CONCENTRATION	
ROUTE AND DIRECTIONS	QUANTITY	REFILLS
DIAGNOSIS (ICD-9 CM CODE)	NEW OR INITIAL THERAPY? <input type="checkbox"/> YES <input type="checkbox"/> NO	DURATION OF TREATMENT

SUPPORTING STATEMENT	
REASON FOR REQUEST	
PREVIOUS TREATMENTS TRIED	EXPLANATION OF MEDICAL NECESSITY

PRESCRIBING PROVIDER'S SIGNATURE

CENTRAL HEALTH MEDICARE PLAN USE ONLY	
<input type="checkbox"/> APPROVED <input type="checkbox"/> MODIFIED <input type="checkbox"/> DENIED <input type="checkbox"/> DEFERRED	REVIEWER'S NOTES <div style="text-align: right;">DATE</div>
MEDICAL DIRECTOR OR DESIGNEE'S SIGNATURE	