

PHARMACY PRIOR AUTHORIZATION REQUEST / REJECTION OVERRIDE



PHARMACY! Complete this section and fax to PrimaryHealth at (541) 844-3759:

PrimaryHealth will contact the prescriber if additional information is needed

*Questions? Call Us! (541) 471-4208 M-F 8am-5pm *Urgent After Hours PA's Call MedImpact Help Desk at 1-800-788-2949*

Date	DMAP ID#	DOB
Patient Name	LAST	FIRST MI
Medication (Name and Strength)	Qty	
Day Supply	RX#	
NDC#	ICD-10 DX Being Treated	
All Reject Messages	Medicare Part D billed and denied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Prescribing Physician	Emergent (If yes, indicate reason) <input type="checkbox"/> Yes <input type="checkbox"/> No	

PHARMACY! CHECK Requesting Pharmacy

MedImpact Bin# 003585 - PCN 38780

(X)	Pharmacy	Phone	(X)	Pharmacy	Phone
	Asante Retail Pharm-TRMC	472-7420		Rogue River Pharm	582-0559
	Bi-Mart	479-8337		RX Med Lab	474-3784
	Caves Pharmacy	592-4560		Safeway Drug	956-7546
	Fred Meyer	474-7234		SCHC - CJ	592-2010
	Grants Pass Pharm	476-4262		SCHC - GP	472-4747
	Haggens	471-9043		Service Drug	476-8224
	Riteaid GP D St.	479-3358		Trinity Valley	474-9437
	Riteaid Wlm Hwy	479-6698		Wal-Mart	471-2819
	Other Pharmacy	NABP		Fax#	

PrimaryHealth USE ONLY (To be completed and faxed back to Pharmacy):

Member's PCP		OHMS Staff Initials	
Decision (Check One)	APPROVED	PA Effective Date	FROM TO Or # Fills:
	DENIED	If Denied, Reason For Denial	
Notes			