



MEDICATION PRIOR AUTHORIZATION REQUEST FORM
Peach State Health Plan, Georgia

(Do Not Use This Form for Biopharmaceutical Products*)



FAX this completed form to 1.866.399.0929

OR Mail requests to: Envolve Pharmacy Solutions PA Dept. | 5 River Park Place East, Suite 210 | Fresno, CA93720

Call 800-460-8988 to request a 72-hour supply of medication.

Envolve Pharmacy Solutions will respond via fax or phone within 24 hours of receipt of all necessary information. For immediate response on weekends and holidays, Nurse Advice Line will answer your call.

Form with sections: I. Provider Information, II. Member Information, III. Drug Information (One drug request per form), Medication History for this Diagnosis, IV. Rationale for Request / Pertinent Clinical Information (Required for all Prior Authorizations)

Requests for prior authorization (PA) must include member name, ID#, and drug name. Incomplete forms will delay processing. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)

*Fax Biopharmaceutical/Specialty requests to Peach State Health Plan at 866.374.1579 OR call 800-514-0083, Option 2 for questions.