

Injectable Medication Administered by Provider Authorization Form

CareOregon Advantage and OHP Members
Please fax form and chart notes to 503-416-4722



Use this form if **ALL** of the following are met:

- Med is administered by a healthcare professional
- Med will be furnished by the provider
- Med will be billed directly by the provider

DO NOT use this form if **ONE** of the following is met:

- Medication will be dispensed by a pharmacy
- Request is chemotherapy (Use Chemo PA form)
- Inpatient hospital admission (Use Facility Form)
- Home Infusion/Home Health (Use DME/HH/EPIV form)

Per CareOregon policy, medications administered directly by a medical professional must be billed as medical, unless there is documentation stating why it must be dispensed by a pharmacy AND submitted via Pharmacy PA form.

List of Injectable Meds that require PA, see Policy & Other Forms: [Injectables/Medication Administered Under Medical Benefit](#).

Turn-Around Time Requested: Specified Date (if possible): _____ **OR** Urgent/Life Threatening (72 hours)

Member Information					
Last Name: _____ First Name: _____ MI: _____					
DOB: ____/____/____ Gender: _____ Member ID#: _____ Weight: _____					
Provider Information/ Prescriber Signature					
Provider Name: _____ Clinic: _____					
Provider Phone#: _____ Provider Fax#: _____					
Signature of Prescribing Provider: _____					
Person Completing the Form					
Date: _____ Name: _____					
Phone: _____ Fax: _____					
Diagnosis					
Primary ICD-10 Code: _____ Secondary ICD-10 Code: _____					
List additional pertinent history including medications tried and failed and/or any comorbid conditions.					
For thorough review we recommend provide supporting medical records.					
Requested Drugs to be Injected					
HCPC/J-code	# Units	Drug Name	Dose	Frequency	
1					
2					
3					
4					
Start Date: _____			Duration: _____		
Additional Office Services/Procedures in Conjunction with Injection					
CPT Code(s): _____ #Visits: _____					
Place of Service					
Facility Name and Tax ID: _____ Anticipated or Actual Admit Date: _____					