



Injectable Medication Administered by Provider Authorization Form

(Revised 10/20/2015)

CareOregon Advantage (Plus/Star) 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)

1. MEMBER INFORMATION				
Last Name:		First Name:		MI:
DOB:	Gender:	Member ID#:	Weight:	
2. PROVIDER INFORMATION/PRESCRIBER SIGNATURE				
Provider Name:		Clinic:		
Provider Phone #:		Provider Fax #:		
Signature of Prescribing Provider:				
3. PERSON COMPLETING THE FORM				
Date:		Name:		
Phone #:		Fax #:		
4. DIAGNOSIS				
Primary ICD-10 Code:		Secondary ICD-10 Code:		
List additional pertinent history including medications tried and failed and/or any comorbid conditions. <u>For thorough review we recommend provide supporting medical records.</u>				
5. REQUESTED DRUG(S) TO BE INJECTED				
HCPC/J-code	# Units	Drug Name	Dose	Frequency
1.				
2.				
3.				
4.				
Start Date:		Duration:		
6. ADDITIONAL OFFICE SERVICES/PROCEDURES IN CONJUNCTION WITH INJECTION				
CPT Code(s):		# Visits:		
7. IF PLACE OF SERVICE IS AN OUTPATIENT/ASC FACILITY – Fill out this section of the form				
Facility Name and Tax ID:		Anticipated or Actual Admit Date, if known:		