

Injectable Medication Administered by Provider Authorization Form

Last updated: November 2024

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
- 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.

PA guidelines for injectables/medication administered under medical benefit are available on our [Pharmacy Resources](#) page.

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					
HGPC/J-code	# Units	Drug name	Dose	Frequency	
1					
2					
3					
4					
Start date:			Duration:		
Additional office services/procedures in conjunction wth injection					
CPT code(s): _____ #Visits: _____					
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: _____					