

# PRIOR AUTHORIZATION REQUEST - INJECTABLE MEDICATION

TO BE ADMINISTERED AT DOCTOR'S OFFICE

Please complete all applicable fields in this form. Fax the completed form to Pharmacy Services at 877-232-5976.

## PATIENT INFORMATION

|                           |   |
|---------------------------|---|
| Patient name:             | Patient ID:   |
| Date of birth (MM/DD/YY): | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |

## PRESCRIBER INFORMATION

|                 |      |
|-----------------|------|
| Physician name: |      |
| Specialty:      |      |
| Phone:          | Fax: |
| Contact person: |      |

## AUTHORIZATION INFORMATION

|                       |                             |
|-----------------------|-----------------------------|
| Diagnosis:            | Diagnosis code:             |
| Referring physician:  |                             |
| Who is administering? | Location of administration: |

| Medication and dose requested | Start/end dates of service | J-Code/HCPSC codes* | Number of visits |
|-------------------------------|----------------------------|---------------------|------------------|
|                               |                            |                     |                  |
|                               |                            |                     |                  |
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|                               |                            |                     |                  |

## MEDICAL RATIONALE FOR USE\*\*

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**SPECIAL CONSIDERATIONS** (This form should only be used for requests for injectable medications that will be administered in office by a HCP (buy-and-bill). Do not use this form if the patient will receive medication for self-administration at home.)

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|----------------------|------|
| Prescriber Signature | Date |
|----------------------|------|

\*Please ensure that the correct J-Code is used. This will expedite processing for your request.

\*\*If medication/therapy prescribed requires prior authorization, provide rationale for use. Please include pertinent patient visit notes and/or labs to avoid delays in processing.