univera HEALTHCARE

Drug Prior Authorization FAX Form

General CRPA Rx Benefit

Used for Quantity Limits, Coverage Determinations, General Exceptions **OR** Drugs without a unique PA Form
Self-administration

TO CALL INFORMATION INTO THE PHARMACY HELP DESK DIRECTLY
PHONE #: 1(800) 499-1275
OR
FAX #: 1(800) 956-2397

Complete ALL the following Patient/Prescriber Information: (Please Print)

Patient Information	
Patient Name:	Patient Phone #: ( )
Patient ID #	Patient Birthdate:
List Patient Allergy (If Any)	
Prescriber Information	
Prescriber Name:	Prescriber Specialty:
Prescriber Address:	
Prescriber Phone #:	Prescriber Fax #:
Prescriber NPI #:	Office Contact: Extension:
Location of Infusion: ☐ **Prescriber office** ☐ **Home/Homecare agency:**_____ ☐ **Outpatient facility** ☐ **Other:** _____	
Servicing Prescriber NPI (if different from the ordering prescriber):	
Provide address of infusion location above for medication shipping:	

Medication/Medical and Dispensing Information					
Medication (HCPCS)	**Dose**	**Frequency**	**Height**	**Weight (lbs. or kg)**	**Procedure Code**
1.					
2. **Diagnosis/ICD-10**:					
3. Is this request for a: ☐ New Start ***OR*** ☐ Continuation of Therapy (Recertification) Start date: _____					

Questions/Indications for Medical Necessity	
4. **Primary Diagnosis:** _____	
5. Is the patient's diagnosis related to Workers Compensation or Motor Vehicle Accident? *(If yes, please submit to the appropriate carrier)	☐ **Yes** ☐ **No**
6. Any previous therapies attempted to treat diagnosis with dates & outcomes? ☐ None **OR** list previous medications below and outcomes:	☐ **Yes** ☐ **No**

Medication Name	Strength & Dosing	Period of use	Outcomes
		Start: End:	
		Start: End:	
		Start: End:	

7. Explanation of medical necessity: *(If preferred, a letter of medical necessity may be attached to this form and submitted with the appropriate patient information)

_____

_____

*Prescriber signature: _____ Date: _____

I certify the above information is true and accurate to the best of my knowledge.

URGENT REQUESTS ONLY: 1(800) 208-4050 (fax)