



Physician administered drug precertification request form

Phone: 866-461-7273 Fax: 888-447-3430

Humana manages the pharmacy drug benefit for your patient listed below. Certain requests for prior authorization require additional information from the prescriber. Please provide the following information and fax this form to the number listed above. Missing information or illegible writing may delay the review process.

For Medicare private fee-for-service plan members, prior authorization is not required for medications covered under Medicare Part B. The information below is needed for a Part B versus Part D determination for these patients.

Patient name:	Prescriber name:	
Member/subscriber ID number:	Prescriber fax:	Prescriber phone:
Patient date of birth:	Office contact:	
Group number:	NPI number:	Tax ID:
Patient address:	Prescriber address:	
City, state, and ZIP code:	City, state and ZIP code:	
	Specialty/facility name (if applicable):	

Drug name:

Directions:

Quantity:

(Please note: All reviews will be processed with generic equivalents for brand-name drugs whenever possible, except those on the Oklahoma SoonerSelect brand Preferred Drug List.)

Please attach pertinent medical history or information for this patient that may support approval and sign this form.

Q1. Please provide additional information (e.g., chart notes, lab results) that is pertinent to the review of the requested drug:

Q2. Please provide diagnosis:

Q3. Please provide HCPCS code (if applicable):

Q4. Please provide ICD diagnostic codes:



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Patient name:

Prescriber name:

Q5. Please indicate where the drug is being dispensed?

- ☐ Pharmacy dispensed to patient
- ☐ Pharmacy shipped to prescriber
- ☐ Prescriber dispensed
- ☐ Other

Q6. If other, please specify:

Q7. Please indicate if this request is a:

- ☐ New start/initial request
- ☐ Continuation/reauthorization request

Q8. Additional comments:

Prescriber signature:

Date:

I declare under penalty of perjury under the laws of the United States of America that the information provided is true and correct. This telecopy transmission contains confidential information belonging to the sender that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reference to the contents of this document is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately.