



REQUEST FOR PRIOR AUTHORIZATION

Please FAX completed form with related clinical information attached to **(833) 853-8549**
For questions, please contact the Utilization Management Department at (559) 228-5430

SERVICES REQUIRING PRIOR AUTHORIZATION (please check requested service)					
Aqua Therapy Breastfeeding Medicine Referral Balance & Dizziness Referral Colonoscopy; EGD Cosmetic/Reconstructive Surgery DME Purchase over \$200 DME Rental Endocrinologist Visit (Type II Diabetes) Genetic Testing Home Health Home I.V. Infusions - Ambulatory (See reverse side of this form) Injections: Self-injectables; In-office injectables (See reverse side of this form for more information)		Intensity Modulated Radiation Therapy (IMRT) M2A Video Capsule Endoscopy MRI, MRA, CT & Pet Scans Nutrition Consult for Chronic Disease (CMC) Obesity - Referral to General Surgeon Obesity Surgery Out-of-Plan Provider Plastic Surgery Referral Sleep Studies Transplants in conjunction with Health Plan Programs Weight Management Program Referral Wound Care - Facility Based			
TYPE OF REQUEST					
URGENT for acute conditions requiring care within <u>72 hours or less.</u>			NON-URGENT for routine, elective service		
TYPE OF SERVICE					
Inpatient	Outpatient	2 nd Opinion Consult	Radiology	Other: _____	
PATIENT INFORMATION					
Patient Name: (Last, First, MI)			Date of Birth: (Mo/Day/Yr)		
I.D.#:			Gender: M F		
Other Insurance? Yes No	Name of Carrier:	Job Related? Yes No	MVA Yes No	Accident Yes No	Pregnancy Related? Yes No
FROM - REQUESTING PHYSICIAN					
Requesting Physician:			Tax ID#:		
Contact Person:		Telephone:		Fax:	
Name of PCP:	Signature of Requesting Physician:		Date:		
TO - WHERE WILL PATIENT RECEIVE SERVICES?					
Physician/Provider/Facility Requested:	Address:		Telephone:		Fax:
Where will services be rendered? (provide name of facility, if other than provider office or patient's home)					
Asst Surgeon Required? Yes No			Anesthesiologist Required? Yes No		
Name:			Name:		
Today's Date:			Tentative Date of Service/Admission:		
CLINICAL INFORMATION					
ICD-10 Codes (required) 1 2 3		Diagnosis Description:		Date of Onset/Injury:	
CPT/HCPC Codes (required) 1 2 3 4		Describe Service Requested:		# of Days/Visits:	
Comments:					

Within 5 days before the actual date of service, provider MUST confirm that the member's health plan coverage is still in effect. With the exception of urgent requests, it is recommended that you do not schedule appointments prior to authorization approval. Emergency services do not require prior authorization and are reviewed retrospectively for necessity. This message is intended only for the use of the individual/entity to which it is addressed and may contain confidential information. If the reader of this message is not the intended recipient, you are hereby notified that any distribution is strictly prohibited.

Self-Injectables, In-Office Injectables, Infusions
Prior Authorization List

Abraxane	Enbrel	Kineret	Remodulin
Actemra	Entyvio	Krystexxa	Rituxan
Acthar	Epogen	Kyprolis	Rocephin – for Lyme Disease Only
Actimmune	Erbitux	Lanreotide	Roferon-A
Adcetris	Erwinaze	Leukine	Saizen
Aldurazyme	Euflexxa	Lovenox	Sandostatin
Alferon-N	Eylea	Lucentis	Sandostatin (SC/IV)
Alimta	Fabrazyme	Macugen	Sandostatin LAR Depot (IM)
Alirocumab/Praluent (J3490)	Factor IX	Marqibo	Simponi Aria (IV)
Aloxi	Factor VIII	Mylotarg	Soliris
Amevive	Faslodex	Myobloc	Somavert
Antibiotics prescribed for Lyme Disease	Firazyr	Naglazyme	
	Firmagon	Natrecor	Stelara
	Flolan	Neulasta	Supartz
	Flotyn	Neumega	Supprelin LA
	Forteo	Neupogen	Sylvant
	Fragmin	Novantrone	Synagis
	Fuzeon	Novoseven	Synribo
	Gazyva	Nplate	Synvisc, Synvisc One, Gel One
	Genotropin	Orencia	Testopel
	Halaven	Orthovisc	Torisel
	Herceptin	Ozurdex	Treanda
	Hizentra	Pegasys	Tysabri
	Humate-P	PEG-Intron	Tyvaso
	Humatrope	Perjeta	Vectibix
	Humira	Prialt	Velcade
	Hyalgan	Procrit	Velcade
	Ilaris	Prolastin	Ventavis
	Iluvien	Proleukin	Vidaza
	Increlex	Prolia	Vimizim
		Proplex T	Vivaglobulin
		Qutenza	Xgeva
	Infergen	Raptiva	Xiaflex
	Innohep	Rebetron	Xolair
	Intravenous Immune Globulin Various	Rebif	Yervoy
	Intron-A	Reclast	Zaltrap
	Istodax	Recombinant Factor IX	Zemaira
	Ixempra	Recombinant Factor VIII	Zevalin (diagnostic)
	Jetrea	Remicade	Zevalin (therapeutic)
	Jevtana		Zometa
	Kadcyla		
	Kalbitor		

Exclusions (does not require prior authorization):

***Re Self-Injectables:**

***Insulin**

“With the exception of the exclusions listed above, **self-injectables, infusions and high dollar injectables require prior authorization.** This list does not contain every item requiring prior authorization. If unsure, check with Santé UM staff if you are ordering/administering an infusion, self-injectable or high dollar injectable that is not listed here.”