SENTARA HEALTH PLANS

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: **The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request**. All other information may be filled in by office staff; **fax to 1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization may be delayed.**

Please Note: Infertility Treatment is a Group-Specific Benefit

Drug Requested: (select from below):

❑ **Novarel**® (chorionic gonadotropin)	❑ **Ovidrel**® (choriogonadotropin alfa)
❑ **Pregnyl**® (chorionic gonadotropin)	❑ **chorionic gonadotropin**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code, if applicable:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

❑ **For 2 Month Approval of Prepubertal Cryptorchidism:**

- ❑ Patient is between 4-9 years of age; **AND**
- ❑ Patient has a diagnosis of prepubertal cryptorchidism **NOT** due to anatomical obstruction

Medication being provided by Specialty Pharmacy - PropriumRx

Not all drugs may be covered under every Plan.
If a drug is non-formulary on a Plan, documentation of medical necessity will be required.
*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****
****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****

***Approved by Pharmacy and Therapeutics Committee:** 4/19/2018
REVISED/UPDATED/REFORMATTED: ~~6/17/2018; 11/12/2021 Reformatted 1/8/2020; 12/13/2021;~~ **10/30/2023**