

## Medication Precertification Request

\*Prior authorization requirements can be found at [www.pal.sentarahealthplans.com](http://www.pal.sentarahealthplans.com).

<b>Medicare or D-SNP requests</b>	<b>Fax number</b>
Medication Requests	1-844-895-3232

### Check here if expedite is requested:

**Note:** The Centers for Medicare and Medicaid Services (CMS) defines an expedited request as a request for a determination that must be made quickly because waiting for a standard decision could seriously jeopardize a member's health, life, or ability to regain maximum function

**Important:** Please submit clinical documentation to support medical necessity.  
Submit required photos to [SHPphoto@sentara.com](mailto:SHPphoto@sentara.com).

Please use the Sentara Medicare Part B Medical Policy located at <https://www.sentarahealthplans.com/members/medicare/drugs-lists-formularies> to view prior authorization criteria for medications.

All documentation, and/or chart notes, must be provided or request may be denied.

If information provided is not complete, correct, or legible, authorization will be delayed.

#### Member information

Name:

DOB:

ID#:

Diagnosis code(s):

#### Procedure codes/diagnostic services

CPT/HCPCS code(s)	HCPCS Units (i.e., billable units)	Description	Date of service

**Medication specific information**  
**Include medication specific prior authorization form if applicable**

HCPC code(s)	Dose (i.e., mg, mL, units)	Frequency	Start date	End date

**Completed by**

<b>Name:</b>					
<b>Phone:</b>		<b>Ext:</b>		<b>Fax:</b>	

**Information of Provider performing the procedure or ordering the medication**

<b>Name:</b>		<b>Group name:</b>	
<b>NPI:</b>		<b>Tax ID:</b>	
<b>Phone:</b>		<b>Fax:</b>	

**Location where infusion will be given or Name of Specialty Pharmacy fulfilling the order**  
 **Check this box if using Proprium Rx Specialty Pharmacy (no need to complete next section)**

<b>Name:</b>		<b>Group name:</b>	
<b>NPI:</b>		<b>Tax ID:</b>	
<b>Phone:</b>		<b>Fax:</b>	

**Additional information:**

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