



SANTÉ COMMUNITY PHYSICIANS

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

Please check health plan:

- | | | |
|---------------------|-----------------------|----------------------------|
| Aetna | Brand New Day | Health Net Medicare |
| Anthem Blue Cross | Cigna | United Healthcare |
| Blue Shield | Community Care Health | United Healthcare Medicare |
| Blue Shield 65 Plus | Health Net | |

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: <small>(Last, First, MI)</small>			Date of Birth: <small>(Mo/Day/Yr)</small>		
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 (Blue Shield)	Rocephin – for Lyme Disease Only
Actimmune	Erbitux	Lanreotide	Roferon-A
Adcetris (Blue Shield)	Erwinaze (Blue Shield)	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 (Blue Shield)	Simponi Aria (IV)
Aloxi	Factor VIII	Mylotarg	Soliris
Amevive	Faslodex	Myobloc	Somavert
Antibiotics prescribed for Lyme Disease	Firazyr	Naglazyme	Stelara
Aralast	Firmagon (Blue Shield)	Natrecor	Supartz
Aranesp	Flolan	Neulasta	Supprelin LA (Blue Shield)
Arixtra	Folotylin (Blue Shield)	Neumega	Sylvant
Arranon	Forteo	Neupogen	Synagis
Arzerra (Blue Shield)	Fragmin	Novantrone	Synribo (Blue Shield)
Avastin	Fuzeon	Novoseven	Synvisc, Synvisc One, Gel One
Aveed	Gazyva	Nplate	Testopel
Avonex	Genotropin	Orencia	Torisel (Blue Shield)
Bebulin VH	Halaven (Blue Shield)	Orthovisc	Treanda (Blue Shield)
Beleodaq (Blue Shield)	Herceptin	Ozurdex	Tysabri
Benlysta	Hizentra	Pegasys	Tyvaso
Betaseron	Humate-P	PEG-Intron	Vectibix (Blue Shield)
Boniva	Humatrope	Perjeta (Blue Shield)	Velcade
Botox	Humira	Prialt	Velcade (Blue Shield)
Byetta	Hyalgan	Procrit	Ventavis
Campath	Ilaris	Prolastin	Vidaza
Cancidas	Iluvien	Proleukin	Vimizim
Ceredase	Increlex	Prolia	Vivaglobulin
Cerezyme	Infergen	Proplex T	Xgeva
Cimzia	Innohep	Qutenza	Xiaflex
Cinryze	Intravenous Immune Globulin Various	Raptiva	Xolair
Clolar	Intron-A	Rebetron	Yervoy (Blue Shield)
Copaxone	Istodax (Blue Shield)	Rebif	Zaltrap (Blue Shield)
Cyramza	Ixempra (Blue Shield)	Reclast	Zemaira
CytoGam	Jetrea	Recombinant Factor IX	Zevalin (diagnostic)
Dacogen	Jevtana (Blue Shield)	Recombinant Factor VIII	Zevalin (therapeutic)
Dalvance	Kadcyla (Blue Shield)	Remicade	Zometa
Eloxatin	Kalbitor		

Exclusions (does not require prior authorization):

***Re Self-Injectables:**

***Insulin**

***Blue Shield – Pharmacy Benefit**

“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.”