

REQUEST FOR PRIOR AUTHORIZATION

FAX (559) 224-2405 or (559) 224-9746
 PHONE (559) 228-5400 or (800) 652-2900



SANTÉ COMMUNITY
PHYSICIANS

Please check health plan:

- | | | |
|--|---|--|
| <input type="checkbox"/> AARP Medicare Complete | <input type="checkbox"/> Community Care Health Plan | <input type="checkbox"/> Health Net Sapphire Premier |
| <input type="checkbox"/> Aetna | <input type="checkbox"/> Cigna | <input type="checkbox"/> United Healthcare Signature Value |
| <input type="checkbox"/> Blue Shield Access Plus | <input type="checkbox"/> Health Net | <input type="checkbox"/> United Healthcare Medicare Solutions: |
| <input type="checkbox"/> California Care | <input type="checkbox"/> Health Net Healthy Heart | Group Retiree |

SERVICES REQUIRING PRIOR AUTHORIZATION (please check requested service)					
<input type="checkbox"/> Aqua Therapy <input type="checkbox"/> Breastfeeding Medicine Referral <input type="checkbox"/> Balance & Dizziness Referral <input type="checkbox"/> Colonoscopy; EGD <input type="checkbox"/> Cosmetic/Reconstructive Surgery <input type="checkbox"/> DME Purchase over \$200 <input type="checkbox"/> DME Rental <input type="checkbox"/> Endocrinologist Visit (Type II Diabetes) <input type="checkbox"/> Genetic Testing <input type="checkbox"/> Home Health Home I.V. <input type="checkbox"/> Infusions - Ambulatory (See reverse side of this form) <input type="checkbox"/> Injections: Self-injectables; In-office injectables (See reverse side of this form for more information)	<input type="checkbox"/> Intensity Modulated Radiation Therapy (IMRT) <input type="checkbox"/> M2A Video Capsule Endoscopy <input type="checkbox"/> MRI, MRA, CT & Pet Scans <input type="checkbox"/> Nutrition Consult for Chronic Disease (CMC) <input type="checkbox"/> Obesity - Referral to General Surgeon <input type="checkbox"/> Obesity Surgery <input type="checkbox"/> Out-of-Plan Provider <input type="checkbox"/> Plastic Surgery Referral <input type="checkbox"/> Sleep Studies <input type="checkbox"/> Transplants in conjunction with Health Plan Programs <input type="checkbox"/> Weight Management Program Referral <input type="checkbox"/> Wound Care - Facility Based				
TYPE OF REQUEST					
<input type="checkbox"/> URGENT for acute conditions requiring care within <u>72 hours or less.</u> <input type="checkbox"/> NON-URGENT for routine, elective service					
TYPE OF SERVICE					
<input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> 2 nd Opinion Consult <input type="checkbox"/> Radiology <input type="checkbox"/> 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 MVA		Accident Pregnancy Related?	
		Yes No Yes No Yes No		Yes No Yes	
FROM - REQUESTING PHYSICIAN					
Requesting Physician (Please Print)				Tax ID#	
Contact Person in Requesting Provider's Office			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)		Diagnosis Description:			Date of Onset/Injury
1 2 3					
CPT/HCPC Codes (required)			Describe Service Requested:		# of Days/Visits:
1 2 3 4					
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	Fiolan	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.”