



SANTÉ COMMUNITY PHYSICIANS

REQUEST FOR PRIOR AUTHORIZATION

FAX (559) 224-2405

Phone (559)228-5400 (800) 652-2900

Please check Health Plan

- Aetna
- Aetna Golden Medicare Plan
- Blue Shield 65 Plus
- Blue Shield Access Plus
- California Care
- Cigna
- Health Net
- Health Net Seniority Plus
- Humana Medicare Advantage
- PacifiCare
- Secure Horizons

SERVICES REQUIRING PRIOR AUTHORIZATION (please check requested service)

- Breastfeeding Medicine Referral
- Colonoscopy; Upper GI Endoscopy
- Cosmetic/Reconstructive Surgery
- DME Purchase over \$200
- DME Rental
- Endocrinologist Visit (Type II Diabetes)
- 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)
- 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

TYPE OF REQUEST

- URGENT for acute conditions requiring care within 72 hours or less. NON-URGENT for routine, elective service

PATIENT INFORMATION

Patient Name: Last			First			MI			Date of Birth (Mo/Day/Yr)			
I.D.#									Gender:		M	F
Other Insurance?		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	
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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:		
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CLINICAL INFORMATION

ICD-9 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.

EFFECTIVE 01/01/2010

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

Anti-infective Agents

Aloxi
Cancidas
Fuzeon
Rocephin – for Lyme
Disease Only

Antihemophilic Agents

Bebulin VH
Factor VIII
Factor IX
Humate-P
Novoseven
Proplex T
Recombinant Factor VIII
Recombinant Factor IX

Antineoplastic Agents

Abraxane
Alimta
Arranon
Clolar
Eloxatin
Faslodex
Novantrone
Proleukin
Velcade
Vidaza

Bisphosphonate Agents

Boniva
Zometa

Colony Stimulating Factors

Aranesp
Epogen
Leukine
Neulasta
Neumega
Neupogen
Procrit

Anti-Rheumatic Drugs

Enbrel
Humira
Kineret
Orencia
Remicade

Enzyme Therapy Agents

Aldurazyme
Aralast
Ceredase
Cerezyme

Fabrazyme
Naglazyme
Prolastin
Zemaira

Anticoagulant Agents

Arixtra
Fragmin
Innohep
Lovenox

Growth Hormone Agents

Genotropin
Humatrope
Increlex
Saizen
Somavert

Immune Globulins

CytoGam
IVIG
Vivaglobulin

Interferons

Actimmune
Alferon-N
Avonex
Betaseron
Infergen
Intron-A
Pegasys
PEG-Intron
Rebetron
Rebif
Roferon-A

Monoclonal Antibody

Amevive
Avastin
Campath
Erbix

Herceptin
Lucentis
Macugen
Mylotarg
Raptiva
Rituxan
Synagis
Tysabri
Xolair

Peptide Agents

Byetta
Forteo
Natrecor
Sandostatin
Sandostatin LAR Depo

Viscosupplementation

Euflexxa
Hyalgan
Orthovisc
Supartz
Synvisc

Miscellaneous Agents

Botox
Copaxone
Flolan
Myobloc
Remodulin
Ventavis

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 may not contain every item requiring prior authorization. Please check with Santé UM staff if you are ordering/administering an infusion, self-injectable or high dollar injectable that is not listed here."

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