

Infertility PreDetermination of Medical Benefits

Complete form in its entirety and fax to UM Call Center at (404) 848-2448

Click on grey boxes to type

Request Date: _____ / _____ / _____

Initial Authorization Request Re-Authorization Request; List Prior Auth Ref #: _____

Medication(s) is to be dispensed, delivered, and managed by PrecisionRx Specialty Solutions (800.870.6419) Yes No

1. PATIENT INFORMATION (Note: ESRD patients for whom Medicare is primary, prior authorization is not required.)

Patient Last Name		Patient First Name		Patient ID Number	Patient DOB / /
Address			City	State / Zip Code /	Contact Phone Number () -
Date of Diagnosis / /	Primary Diagnosis			ICD-9 Code(s)	Patient's Current Weight
Patient's Current Hemoglobin (Hgb) Level				Date Hgb Measured / /	

2. PHYSICIAN INFORMATION

Physician Last Name		Physician First Name		Physician DEA or NPI Number	Physician Tax ID
Address			City	State	Zip Code
Office Phone Number () -	Office Fax Number () -	Office Contact Name		Physician Specialty	

3. MEDICATION 4. STRENGTH 5. QTY REQUESTED PER 30 DAYS

<input type="checkbox"/> Clomiphene Citrate <input type="checkbox"/> Gonal-F <input type="checkbox"/> Gonal-F RFF <input type="checkbox"/> Follistim AQ <input type="checkbox"/> Repronex <input type="checkbox"/> Bravelle <input type="checkbox"/> Cetrotide <input type="checkbox"/> Crinone <input type="checkbox"/> Endometrin <input type="checkbox"/> Ganirelix <input type="checkbox"/> Lupron Depot <input type="checkbox"/> Luveris <input type="checkbox"/> Menopur <input type="checkbox"/> Ovidrel <input type="checkbox"/> Prochieve <input type="checkbox"/> Novarel <input type="checkbox"/> Pregnyl	<input type="checkbox"/> 50 mg <input type="checkbox"/> 82 unit <input type="checkbox"/> 600 unit <input type="checkbox"/> 1200 unit <input type="checkbox"/> 415 unit <input type="checkbox"/> 568 unit <input type="checkbox"/> 1026 unit <input type="checkbox"/> 75 u/0.5ml <input type="checkbox"/> 150 u/0.5ml <input type="checkbox"/> 75 unit <input type="checkbox"/> 150 unit <input type="checkbox"/> 75 unit <input type="checkbox"/> 0.25 mg <input type="checkbox"/> 3 mg <input type="checkbox"/> 45 mg <input type="checkbox"/> 90 mg <input type="checkbox"/> 100 mg <input type="checkbox"/> 250 mcg/0.5mL <input type="checkbox"/> 3.75 mg <input type="checkbox"/> 7.5 mg <input type="checkbox"/> 82.5 unit <input type="checkbox"/> 75 unit <input type="checkbox"/> 250 mcg/0.5mL <input type="checkbox"/> 45 mg <input type="checkbox"/> 90 mg <input type="checkbox"/> 10,000 unit/10mL vial <input type="checkbox"/> 10,000 unit/10mL vial	
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6. DIAGNOSIS: _____

7. APPROVAL CRITERIA: CHECK ALL BOXES THAT APPLY
 NOTE: Any areas not filled out are considered not applicable to your patient & MAY AFFECT THE OUTCOME of this request.

Requests for Clomiphene Citrate

Yes No Female patient with normogonadotropin anovulatory dysfunction such as polycystic ovary syndrome;

Yes No Young patient with unexplained infertility of short duration with normal levels of luteal progesterone and a normal hysterosalpingogram.

Requests for Gonal-F, Gonal F-RFF, Follistim AQ, Repronex, Bravelle, Menopur and hCG with GnRH agonists or antagonists)

Yes No Patient has hypogonadotropin anovulatory disorders or hypopituitarism - these patients will not respond to FSH alone, but will require additional therapy with an LH containing product, either hCG or recombinant LH (i.e., Luveris)

Yes No Patients has normogonadotropin anovulatory disorders (i.e. polycystic ovary syndrome) or those with unexplained infertility who have not ovulated or conceived after a prior trial of three cycles of clomiphene

Yes No Couples with severe male factor infertility

Yes No Female patient with bilateral tubal occlusion

CONTAINS CONFIDENTIAL PATIENT INFORMATION

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- Yes No Unexplained infertility that has not responded to ovarian induction therapy
- Yes No The gonadotropins, (e.g., follicle stimulating hormone [FSH], Gonal-F® or Follistim® AQ) in combination with hCG, for infertile men with hypogonadotropic hypogonadism with onset prior to completion of pubertal development
- Yes No The use of hCG alone, or in combination with FSH is to maintain spermatogenesis for infertile men with post-pubertal acquired hypogonadotropic hypogonadism who have previously had normal sperm production
- Yes No The use of hCG alone, or in combination with FSH is to maintain spermatogenesis for infertile men with partial gonadotropin deficiency

8. PHYSICIAN SIGNATURE

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Prescriber Signature **Date**

Prior Authorization is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

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Medical Policy Reference can be found at: www.bcbsga.com

Anthem UM Services, Inc. an independent company and is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan.