



Texas – CHIP Clinical Edit Prior Authorization Contraceptives

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING	
Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

STEP 2: COMPLETE REQUIRED CRITERIA
<p>Please Note: Contraceptives prescribed for the prevention of pregnancy will not be approved</p> <p><input type="checkbox"/> Contraceptive is prescribed for a medical diagnosis other than the prevention of pregnancy</p> <p><input type="checkbox"/> Indicate Primary Diagnosis: _____ ICD 10 Code: _____</p>

STEP 3: INDICATE MEDICATION REQUESTED
Medication Name: _____

STEP 4: SUBMISSION - SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553 (toll free) or 920-735-5312 (local)
Prescriber Signature: _____ Date: _____

If criteria not met, submit chart documentation with form citing complex medical circumstances
If approved, coverage allowed for 1 year (subject to formulary changes)
For questions, please call Navitus Customer Care at 1-877-908-6023