



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:
Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

STEP 2: COMPLETE REQUIRED CRITERIA

Please Note: Contraceptives prescribed for the prevention of pregnancy will not be approved

Contraceptive is prescribed for a medical diagnosis other than the prevention of pregnancy

Indicate Primary Diagnosis: _____ ICD-10 Code: _____

STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553

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