



Drug 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 Mailing Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

STEP 2: COMPLETE REQUIRED CRITERIA

- Contraceptive is prescribed for a medical diagnosis other than the prevention of pregnancy
- Indicate Primary Diagnosis: _____ ICD 10 Code: _____

STEP 3: INDICATE MEDICATION REQUESTED

Contraceptive Name: _____

STEP 4: SUBMISSION - SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT 920-735-5350

Prescriber Signature: _____ Date: _____

If patient meets criteria, allow 2 business days for processing

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 1-866-333-2757