

# OPTIMA MEDICARE

## Pharmacy Prior Authorization Request Form\*

**Directions:** The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

### Drug Name: Synarel (nafarelin acetate)

- In randomized, clinical trials, Synarel was found to be safe and effective in relieving symptoms of endometriosis with a recommended duration of 6 months therapy to avoid loss of bone mineral density.
- Synarel is effective in the management of endometriosis, but long-term therapy is limited due to an increased risk of osteoporosis.
- Infertility uses are not covered.

**Please indicate below reason for request:** (Please check box below)

Patient has been diagnosed with endometriosis and has not been on Synarel therapy greater than 6 months.

Patient Name \_\_\_\_\_

Member Number \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Pharmacy Tel # \_\_\_\_\_ (If available)