

SENTARA HEALTH MANAGEMENT

PHARMACY PRIOR AUTHORIZATION REQUEST FORM*

(PRIOR AUTHORIZATION REQUIRED FOR COMMERCIAL MEMBERS ONLY)

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 **757-552-7429 or 1-877-800-2839**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.

Drug Name: Implanon™ (etonogestrel implant) Code- J7307

- Implanon™ is a long acting (up to three year), reversible contraceptive method. Each Implanon rod contains 68 mg of the synthetic progestin etonogestrel (ENG). The release rate is 60-70 ug/day in week 5-6 and decreases to approximately 35-45 ug/day at the end of the first year, and the to approximately 30-40 ug/day by the end of the second year, and 25-30 ug/day at the end of the third year.
- Implanon™ should be inserted subdermally so that it is palpable after insertion. Failure to insert Implanon™ properly may go unnoticed unless the inplant is palpated immediately after insertion. Deep insertions may lead to difficult or impossible removals.
- Pregnancy must be excluded before inserting Implanon™.

Please Complete below:

(All boxes must be checked to qualify)

- Patient does not weigh more than 130% of their ideal body weight.
- Patient has documented intolerance to oral contraceptives.

Patient: _____

Member Number: _____ Date: _____

Physician Name: _____ Physician Phone: _____

Physician Signature: _____ Physician Fax: _____

Pharmacy Name: _____ Pharmacy Tel # _____

(If available)

*Approved by the Pharmacy and Therapeutic Committee 04/10/2007