



Send completed form to:
 Peach State Health Plan Pharmacy Department
 Fax: 1-866-374-1579

Votrient

Prior Authorization Request

This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form toll-free to Peach State Health Plan at 1-866-374-1579.** If you have questions regarding the prior authorization, eligibility, drug copy or medication delivery; please contact Peach State Health Plan at 1-800-514-0083 option # 2.

Patient Name: _____	Date: _____
Patient's ID: _____	Patient's Date of Birth: _____
Physician's Name: _____	
Specialty: _____	NPI#: _____
Physician Office Telephone: _____	Physician Office Fax: _____
Physician Office Address: _____	

1. What drug is being prescribed?
 Votrient, Dose: _____ Frequency: _____ Other _____
 2. What is the diagnosis?
 Advanced renal cell carcinoma
 Other _____
 3. **What is the ICD9?** _____
 4. Is the patient currently receiving treatment with Votrient? Yes No **If no, no further questions*
- Only answer below questions if patient is currently receiving Votrient**
5. **Attach current liver function tests. (Fax copy)**
 6. Does the patient have concurrent elevations of alanine transaminase (ALT) greater than 3x ULN with bilirubin greater than 2x ULN? Yes No
 7. Is the patient continuing to benefit from Votrient therapy? Yes No

****NOTE: We can NOT make a decision without documentation - Thank You****

Information given on this form is accurate as of this date:

X _____	
Prescriber or Authorized Signature	Date (mm/dd/yy)

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Votrient Centene - MD Fax 7/1/11