

# HEALTHCHOICE

3545 N.W. 58th St., Ste. 500, Oklahoma City, OK 73112  
Phone: 1-405-717-8879 or toll-free 1-800-543-6044  
FAX: 1-405-717-8947 or 1-405-717-8935

## ENTYVIO REQUEST

**This form must be completed and accompany all requests. Incomplete forms will not be reviewed.**

Billing Provider: \_\_\_\_\_ Date: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
TIN: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Contact Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Patient: \_\_\_\_\_ DOB: \_\_\_\_\_  
Primary Member: \_\_\_\_\_ Member ID #: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_

**Note:** A detailed physician's letter of medical necessity or six months previous conservative treatment notes must accompany the initial request. Documentation of clinical response must accompany all other requests.

### Entyvio Criteria

Diagnosis:  Crohn's  Ulcerative colitis  Other \_\_\_\_\_

Within 6 months of starting and yearly testing for continued authorization is required by one of the following:

PPD Test Date: \_\_\_\_\_ IGRA Date: \_\_\_\_\_ Chest X-ray Date: \_\_\_\_\_ Negative?  Yes  No

Inactive TB disease Date: \_\_\_\_\_ Patient received treatment for TB Date: \_\_\_\_\_

Please mark all that apply:  18 years or older  Moderate to severe active Crohn's

Moderate to severe active ulcerative colitis  Hospitalized with fulminate ulcerative colitis

Member is refractory to or requires continuous immunosuppression with corticosteroids with the following:

6-mercaptopurine/azathioprine  corticosteroids

Prednisone dose 40 to 60 mg/day for 30 days  oral therapy  7 to 10 days IV

5-Aminosalicylic acid agents  Intolerance  Allergy  Inadequate response  Contraindication \_\_\_\_\_

Humira  Intolerance  Allergy  Inadequate response  Contraindication \_\_\_\_\_

Remicade  Intolerance  Allergy  Inadequate response  Contraindication \_\_\_\_\_

ICD Code (required): \_\_\_\_\_ CPT Code(s): \_\_\_\_\_

HCPCS Code (required): \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**\*\*All information on this form is required for review. Information provided is private and confidential.\*\***

**NOTE:** These benefits are applicable only if the patient is an eligible enrolled member of a HealthChoice health plan. All benefits are subject to the deductible, coinsurance and policy provisions. Please verify benefits and eligibility by calling the medical claims administrator at 1-405-416-1800 or toll-free 1-800-782-5218.

**Medicare Patients:** If HealthChoice is the Medicare supplement insurance, authorization from HealthChoice is not required. Please contact Medicare.