

# SENTARA COMMUNITY PLAN (MEDICAID)

## PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST\*

**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; fax to 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If the information provided is not complete, correct, or legible, the authorization process can be delayed.

**Drug Requested:** Sirturo® (bedaquiline)

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

**Member Name:** \_\_\_\_\_

**Member Sentara #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Prescriber Name:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**NPI #:** \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

**Drug Form/Strength:** \_\_\_\_\_

**Dosing Schedule:** \_\_\_\_\_ **Length of Therapy:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD Code, if applicable:** \_\_\_\_\_

**Weight (if applicable):** \_\_\_\_\_ **Date weight obtained:** \_\_\_\_\_

**Quantity Limit:** 6-month supply for one course of treatment

- 100 mg tablets – 188 tablets per 168 days
- 20 mg tablets – 940 tablets per 168 days

**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

**Length of Authorization:** 6 months

- ☐ Member is 2 years of age or older and weighs at least 8 kg
- ☐ Member is enrolled in a DOT (**Directly Observed Therapy**) Program
- ☐ Medication is prescribed by or in consultation with an infectious disease specialist

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- ❑ Member must meet **ONE** of the following:
  - ❑ Member has a diagnosis of Pulmonary Multi-Drug Resistant Tuberculosis (MDR-TB) (**Submit sputum culture for mycobacterium. Cultures provide precise species identification, drug sensitivity testing, and genotyping for epidemiologic purposes.**)
  - ❑ Provider must submit chart notes and/or lab cultures to document a Mycobacterium tuberculosis isolate that is resistant to at least isoniazid, rifampin, and possibly additional agents
- ❑ Member does **NOT** have a diagnosis of latent or extra-pulmonary tuberculosis (**NOTE: Sirturo® is not indicated for treatment of latent, extra-pulmonary or drug sensitive TB**)
- ❑ Member is taking pretomanid, linezolid and/or moxifloxacin in combination with Sirturo® (**verified by pharmacy paid claims**)

***\*\*Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.\*\****

***\*Previous therapies will be verified through pharmacy paid claims or submitted chart notes.\****