

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 \geq 18 years old **AND** enrolled in a DOT (**D**irectly **O**bserved **T**herapy) 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.****