

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.**

Chronic GI Motility Drugs

Drug Requested: (Check box below that applies)

Preferred Medications* (must be tried and failed FIRST) *Need trial and failure of laxative classes		
<input type="checkbox"/> lubiprostone	<input type="checkbox"/> Linzess [®]	<input type="checkbox"/> Movantik [®]
Non-Preferred Medications		
<input type="checkbox"/> alosetron	<input type="checkbox"/> Amitiza [®]	<input type="checkbox"/> Lotronex [®]
<input type="checkbox"/> Motegrity [®]	<input type="checkbox"/> Relistor [®]	<input type="checkbox"/> Symproic [®]
<input type="checkbox"/> Trulance [®]	<input type="checkbox"/> Viberzi [®]	

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 Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

(Continued on next page)

CLINICAL CRITERIA AND DIAGNOSIS: 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.

Does the member have any of the following diagnoses? **(Check all that apply.)**

- Chronic Idiopathic Constipation (CIC)
- Constipation Predominant Irritable Bowel Syndrome (IBS-C)
- Functional Constipation (FC) in pediatric patients 6 to 17 years of age (Linzess 72mcg only)
 - Does the prescriber attest that other causes of constipation have been ruled out?
- Severe Diarrhea Predominant Irritable Bowel Syndrome (IBS-D)
- Opioid Induced Constipation in chronic NON-cancer pain (OIC)
- Other: _____

Amitiza[®] / Linzess[®] / lubiprostone/ Trulance[®]:

Has member had a treatment failure on at least **TWO (2)** of the following classes **in addition** to 2 of the preferred medications?

- **Osmotic Laxatives** (i.e., lactulose, polyethylene glycol, sorbitol); **OR** Yes No
- **Bulk forming Laxatives** (i.e., psyllium, fiber), **OR** Yes No
- **Stimulant Laxatives** (i.e., bisacodyl, senna)? Yes No

Amitiza[®] / lubiprostone/ Movantik[®]/ Relistor[®] / Symproic[®] (OIC only):

Has member had treatment failure on both polyethylene glycol **AND** lactulose **in addition** to 2 of the preferred medications if non preferred medication being requested?

Yes No

Alosetron / Lotronex[®] / Viberzi[®]:

Has member had a treatment **failure on a least THREE (3) of the following classes?**

- **Bulk forming Laxatives** (i.e, psyllium, fiber) Yes No
- **Antispasmodic Agents** (i.e, dicyclomine, hyoscyamine) Yes No
- **Antidiarrheal Agents** (i.e, loperamide, diphenoxylate/atropine)? Yes No

Motegrity[®]

Has member had a treatment failure on the following?

Yes No

- ≥ 2 preferred traditional laxative therapy (e.g., polyethylene glycol, lactulose); **AND**
- ≥ 1 preferred newer products indicated for CIC (e.g., linaclotide, lubiprostone, plecanatide)

(Continued on next page)

List pharmaceutical agents attempted and outcome:

1. _____
2. _____
3. _____

MEDICAL NECESSITY: Provide clinical evidence that the PREFERRED drugs will not provide adequate benefit.

*****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.****