

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: select one drug below

<input type="checkbox"/> Furoscix [®] (furosemide)	<input type="checkbox"/> Lasix [®] ONYU (furosemide)
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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: _____

Quantity Limit:

- Furoscix: 6 on-body infusors or 6 auto-injectors per 90 days
- Lasix Onyu: 6 infusors per 90 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.

Initial Authorization: 3 months

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- ❑ Medication is being prescribed by or in consultation with a cardiologist or nephrologist
- ❑ Member meets **ONE** of the following requirements:
 - ❑ For Furoscix[®] requests: Member is 6 years of age or older and weighs at least 43 kg
 - ❑ For Lasix[®] Onyu requests: Member is 18 years of age or older
- ❑ Member has a diagnosis of **ONE** of the following:
 - ❑ New York Heart Association (NYHA) Class II, III or IV chronic heart failure
 - ❑ Chronic Kidney Disease, including nephrotic syndrome
- ❑ Member does not have anuria or hepatic cirrhosis or ascites or acute pulmonary edema
- ❑ Member is experiencing congestion due to fluid overload that is **NOT** considered to be an emergency situation
- ❑ Member is experiencing edema
- ❑ Prescriber attest that Furoscix[®] and Lasix ONYU[®] is **NOT** being used for an emergency
- ❑ Prescriber attest that the member requires non-oral route of administration of a loop diuretic for edema in chronic heart failure or chronic kidney disease, including the nephrotic syndrome
- ❑ Prescriber attest that the member will be monitored outpatient for fluid, electrolyte, and metabolic abnormalities

Not all drugs may be covered under every Plan.

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

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.