SENTARA HEALTH PLANS

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: Glucagon Analogs (select drug below)

❑ **GlucaGen® HypoKit®** (glucagon)	❑ **Glucagon 1 mg Emergency Kit** (glucagon HCl)
❑ **Zegalogue®** (dasiglucagon)	

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:** _____

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.

❑ Member has tried and failed therapy with at least **two (2)** of the following **(check each that has been tried; trials will be verified through paid pharmacy claims or chart notes)**:

❑ Baqsimi®	❑ generic Glucagon 1 mg emergency kit
❑ Gvoke™	

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.*

***Approved by Pharmacy and Therapeutics Committee:** ~~4/16/2020;~~ **9/25/2025**
REVISED/UPDATED/REFORMATTED: ~~6/9/2020; 9/14/2021; 10/8/2021;~~ **12/30/2025**