

# SENTARA COMMUNITY PLAN (MEDICAID)

## MEDICAL 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 1-844-305-2331. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. If information provided is not complete, correct, or legible, authorization can be delayed.

**Drug Requested:** Tygacil® (tigecycline) (J3243) (Medical)

**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: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

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

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

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

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

Weight: \_\_\_\_\_ Date: \_\_\_\_\_

- Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

**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: Date of Service (14 days)**

**Diagnosis: Acute Bacterial Skin and Skin Structure Infection (ABSSSI)**

**New Start**

- Member has a diagnosis of acute bacterial skin and skin structure infection (ABSSSI)
- Provider has submitted lab cultures from current hospital admission or office visit collected within the last 7 days

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- ❑ Lab cultures must show that bacteria is sensitive to Tygacil
- ❑ Member must meet **ONE** of the following:
  - ❑ Provider must submit chart notes documenting trial and failure of **ALL** the following oral antibiotics: penicillin VK, amoxicillin, amoxicillin-clavulanate, dicloxacillin, cephalexin, clindamycin, doxycycline, trimethoprim-sulfamethoxazole, and linezolid
  - ❑ Cultures (retrieved from most recent office visit or current inpatient admission collected within the last 7 days) shows resistance to **ALL** the following oral antibiotics: penicillin VK, amoxicillin, amoxicillin-clavulanate, dicloxacillin, cephalexin, clindamycin, doxycycline, trimethoprim-sulfamethoxazole, and linezolid
- ❑ Member must meet **ONE** of the following:
  - ❑ Provider must submit chart notes documenting trial and failure of **ALL** the following IV antibiotics: penicillin G, nafcillin, ampicillin, ampicillin-sulbactam, cefazolin, ceftriaxone, vancomycin, daptomycin, clindamycin, and linezolid
  - ❑ Cultures (retrieved from most recent office visit or current inpatient admission collected within the last 7 days) shows resistance to **ALL** the following IV antibiotics: penicillin G, nafcillin, ampicillin, ampicillin-sulbactam, cefazolin, ceftriaxone, vancomycin, daptomycin, clindamycin, and linezolid

<b>Length of Authorization: Date of Service (14 days)</b>
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<b>❑ Diagnosis: Complicated intra-abdominal infections (cIAI) in patients who have limited or no alternative treatment options</b>
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<b>❑ New Start</b>
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- ❑ Member has a diagnosis of complicated intra-abdominal infection with limited or no alternative treatment options
- ❑ Provider has submitted lab cultures from current hospital admission or office visit collected within the last 7 days
- ❑ Lab cultures must show that bacteria is sensitive to Tygacil
- ❑ Member must meet **ONE** of the following:
  - ❑ Provider must submit chart notes documenting trial and failure of **ALL** the following IV antibiotics: ciprofloxacin, levofloxacin, ceftriaxone, cefazolin, cefepime, piperacillin-tazobactam, trimethoprim-sulfamethoxazole, ertapenem, imipenem-cilastatin, and meropenem
  - ❑ Cultures (retrieved from most recent office visit or current inpatient admission collected within the last 7 days) shows resistance to **ALL** the following IV antibiotics: ciprofloxacin, levofloxacin, ceftriaxone, cefazolin, cefepime, piperacillin-tazobactam, trimethoprim-sulfamethoxazole, ertapenem, imipenem-cilastatin, and meropenem

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**Length of Authorization: Date of Service (14 days)**

**❑ Diagnosis: Community-acquired bacterial pneumonia (CABP) with no pseudomonas risk**

**❑ New Start**

- ❑ Member has a diagnosis of community-acquired bacterial pneumonia (CABP) with no pseudomonas risk
- ❑ Provider has submitted lab cultures from current hospital admission or office visit collected within the last 7 days
- ❑ Lab cultures must show that bacteria is sensitive to Tygacil
- ❑ Member must meet **ONE** of the following:
  - ❑ Provider must submit chart notes documenting trial and failure of **ALL** the following oral antibiotics: amoxicillin, amoxicillin-clavulanate, dicloxacillin, doxycycline, azithromycin, cefdinir, cefpodoxime, levofloxacin, ciprofloxacin, and linezolid
  - ❑ Cultures (retrieved from most recent office visit or current inpatient admission collected within the last 7 days) shows resistance to **ALL** the following oral antibiotics: amoxicillin, amoxicillin-clavulanate, dicloxacillin, doxycycline, azithromycin, cefdinir, cefpodoxime, levofloxacin, ciprofloxacin, and linezolid
- ❑ Member must meet **ONE** of the following:
  - ❑ Provider must submit chart notes documenting trial and failure of **ALL** the following IV antibiotics: ampicillin, ampicillin-sulbactam, cefazolin, ceftriaxone, azithromycin, levofloxacin, ciprofloxacin, vancomycin, and linezolid
  - ❑ Cultures (retrieved from most recent office visit or current inpatient admission collected within the last 7 days) shows resistance to **ALL** the following IV antibiotics: ampicillin, ampicillin-sulbactam, cefazolin, ceftriaxone, azithromycin, levofloxacin, ciprofloxacin, vancomycin, and linezolid

**Length of Authorization: Date of Service**

**❑ Diagnosis: Acute Bacterial Skin and Skin Structure Infection (ABSSSI) or Complicated intra-abdominal infections (cIAI) in patients who have limited or no alternative treatment options or Community-acquired bacterial pneumonia (CABP) with no pseudomonas risk**

**❑ Continuation of therapy following inpatient administration**

- ❑ Member has **ONE** of the following diagnoses:
  - ❑ Complicated Urinary Tract Infections (cUTI) or Pyelonephritis
  - ❑ Complicated intra-abdominal infections (cIAI) in patients who have limited or no alternative treatment options
  - ❑ Community-acquired bacterial pneumonia (CABP) with no pseudomonas risk

- Member is currently on Tygacil for more than 72 hours inpatient (**progress notes must be submitted**)
- Provider has submitted lab culture sensitivity results retrieved during inpatient admission which shows resistance to ALL preferred antibiotics except for Tygacil (sensitive)

**Medication being provided by: Please check applicable box below.**

- Location/site of drug administration:** \_\_\_\_\_  
**NPI or DEA # of administering location:** \_\_\_\_\_

**OR**

- Specialty Pharmacy – Proprium Rx**

For urgent reviews: Practitioner should call Sentara Health Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

***\*\*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.\****