

# 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:** Sirturo<sup>®</sup> (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.\****