

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: (Please select drug below)

Preferred Medication (must be tried and failed FIRST)
<input type="checkbox"/> Ivabradine (generic Corlanor [®])
Non-Preferred
<input type="checkbox"/> Corlanor [®] (ivabradine)

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: _____

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.

- Corlanor[®] is being prescribed by (or in consultation with) a cardiologist
- Diagnosis of stable, symptomatic heart failure with LVEF \leq 35%
- Member is in sinus rhythm with resting heart rate \geq 70 bpm

(Continued on next page)

- ❑ Member is currently on maximal dose of a β -blocker or has a contraindication to β -blockers e.g., carvedilol, metoprolol (**verified by chart notes or pharmacy paid claims**)
- ❑ Member's blood pressure is $\geq 90/50$ mmHg
- ❑ If requesting brand Corlanor[®], documentation of trial and intolerable life-endangering adverse event with generic ivabradine must be submitted

*****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.****