

# 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:** Zeposia® (ozanimod) - Ulcerative Colitis Indication

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

**Recommended Dosage:** Oral: Initial: 0.23 mg once daily on days 1 through 4; then 0.46 mg once daily on days 5 through 7; maintenance dose: 0.92 mg once daily starting on day 8

**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 a diagnosis of **ulcerative colitis**
- Medication has been prescribed by a **Gastroenterologist**

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- ❑ Member has moderate to severe active disease with inadequate response after a **90-day** trial of **ONE** of the following conventional therapies (**verified by chart notes or pharmacy paid claims**):
  - ❑ 6-mercaptopurine
  - ❑ aminosalicylates (e.g., mesalamine, balsalazide, olsalazine)
  - ❑ sulfasalazine
  - ❑ azathioprine
  - ❑ corticosteroids (e.g., budesonide, high dose steroids: 40-60 mg of prednisone daily)
- ❑ Member meets **ONE** of the following:
  - ❑ Member tried and failed, has a contraindication, or intolerance to **BOTH** of the following **PREFERRED** biologics:
    - ❑ adalimumab-adbm (Boehringer Ingelheim) **OR** Hadlima<sup>®</sup> (adalimumab-bwwd)
    - ❑ Pyzchiva<sup>®</sup> syringe/vial **OR** Starjemza<sup>™</sup> (Requires trial and failure of a preferred TNF-alpha inhibitor)
  - ❑ Member has been established on Zeposia<sup>®</sup> for at least 90 days **AND** prescription claims history indicates **at least a 90-day supply of Zeposia was dispensed within the past 130 days** (**verified by chart notes or pharmacy paid claims**)

**Medication being provided by Specialty Pharmacy - PropriumRx**

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