

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.

Triple Therapy Inhaled Products (ICS/LABA/LAMA)

Drug Requested: (select one from below)

PREFERRED	Non-Preferred
☐ Breztri Aerosphere™	☐ Trelegy Ellipta®

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.

(Continued on next page)

For triple therapy inhaled products (ICS/LABA/LAMA) for asthma and COPD:

- ☐ Member must have one of the following:
 - ☐ Member must be diagnosed with asthma
 - ☐ Member must be diagnosed with COPD
- ☐ Member must have tried and failed (30-day trial) a preferred combination inhaled glucocorticoid and long-acting beta agonist (e.g., Advair, Dulera, Symbicort)
- ☐ Member must have tried and failed (30-day trial) a preferred and long-acting muscarinic antagonist agent such as Spiriva
- ☐ For non-preferred agents; member must have tried and failed a preferred triple therapy inhaler

Not all drugs may be covered under every Plan.

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

*****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.****