

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: Sinuva[®] (mometasone furoate) Sinus Implant (J7402) (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: _____

Dosage: One Sinuva Sinus Implant containing 1350mcg of mometasone furoate per lifetime. There are no studies evaluating repeat implantation of the Sinuva Sinus Implant.

Administration: The Sinuva Sinus Implant is loaded into a delivery system and placed in the ethmoid sinus under endoscopic visualization. The Implant may be left in the sinus to gradually release the corticosteroid over 90 days. The Implants can be removed at day 90 or earlier at the physician's discretion using standard surgical instruments. Sinuva must be inserted by physicians trained in otolaryngology.

- 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.

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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.

Approval is for one implantation per sinus per lifetime

- Administering physician is an Otolaryngologist (ENT)
- Member has a diagnosis of recurrent nasal polyp disease
- Member is at least 18 years of age
- Member has a history of ethmoid sinus surgery
- Member has tried and failed two nasal corticosteroid sprays (e.g., fluticasone, budesonide, triamcinolone)
- Member has tried and failed one full course of an oral corticosteroid (e.g., prednisone, methylprednisolone, dexamethasone)

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.