

# 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:** Hyftor<sup>®</sup> (sirolimus topical gel)

**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 Dosing:** Topical: Apply twice daily (in the morning and at bedtime) to the affected facial skin; the maximum recommended daily dose is 800 mg (2.5 cm). If symptoms do not improve within 12 weeks, re-evaluate the need for continuing therapy

**Quantity Limit:** 3 tubes per 30 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.

**Initial Authorization: 6 months**

- ☐ Member is  $\geq 6$  years of age
- ☐ Medication is prescribed by or in consultation with a dermatologist or a physician who specializes in the management of patients with tuberous sclerosis complex

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- ☐ Member has a definitive diagnosis of tuberous sclerosis complex as confirmed by **ONE** of the following:
  - ☐ There is identification of a pathogenic variant in the tuberous sclerosis complex 1 (TSC1) gene or tuberous sclerosis complex 2 (TSC2) gene by genetic testing
  - ☐ According to the prescriber, clinical diagnostic criteria suggest a definitive diagnosis of tuberous sclerosis complex by meeting either two major features or one major feature with two minor features [**NOTE:** Major feature criteria involve angiofibroma (three or more) or fibrous cephalic plaque; angiomyolipomas (two or more); cardiac rhabdomyoma; hypomelanotic macules (three or more; at least 5 mm in diameter); lymphangiomyomatosis; multiple cortical tubers and/or radial migration lines; multiple retinal hamartomas; Shagreen patch; subependymal giant cell astrocytoma; subependymal nodule (two or more); or ungula fibromas (two or more). Minor feature criteria involve “confetti” skin lesions; dental enamel pits (three or more); intraoral fibromas (two or more); multiple renal cysts; nonrenal hamartomas; retinal achromic patch; and sclerotic bone lesions]
- ☐ Member has three or more facial angiofibromas that are at least 2 mm in diameter with redness in each

**Reauthorization: 12 months.** 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 experienced a positive clinical response to Hyftor as evidenced by a reduction in the size and/or redness of the facial angiofibromas, as determined by the prescriber
- ☐ Member has experienced an absence of unacceptable toxicity from the drug (e.g., dermal irritation, high-grade photosensitivity)

**Medication being provided by Specialty Pharmacy – Proprium Rx**

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