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.**

Non-Preferred Insulins

Drug Requested: Select one from below

Rapid-acting Insulin Products		
❑ **Admelog**® (insulin lispro) **vial/SoloStar**®	❑ **Afrezza**® **cartridge** (inhalation)	❑ **Apidra**® (insulin glulisine) **vial/SoloStar**®
❑ **Fiasp**® (insulin aspart) **vial/FlexTouch**®**/PenFill**® **/PumpCart**®	❑ **Humalog**® (insulin lispro) **Kwikpen** 200 unit/ml	❑ **Humalog**® (insulin lispro) **vial/pen/cartridge**
❑ **Humalog**® **Jr.** (insulin lispro) **Kwikpen**	❑ **Lyumjev**® (insulin lispro-aabc) **vial/KwikPen**®	❑ **Merilog™** (insulin aspart-szjj)
Regular or short-acting Insulin Products		
❑ **Novolin**® **R** (Regular, Human Insulin) **vial** (OTC)		
Intermediate-acting Insulin Products		
❑ **Novolin**® **N** (NPH, Human Insulin) **vial** (OTC)		
Long-acting Insulin Products		
❑ **Awiqli®** (insulin icodec-abae) **Flextouch**	❑ **insulin glargine Solostar**®**/Max Solostar**® (Toujeo Solostar® ABA)	❑ **Rezvoglar**® (insulin glargine-aglr) **Kwikpen**
❑ **Toujeo®** (insulin glargine) **Max Solostar® 300**	❑ **Tresiba®** (insulin degludec) **FlexTouch®, vial**	
Combination Insulin Products:		
❑ **Humalog**® **Mix 50/50 Kwikpen** (insulin lispro protamine/insulin lispro)	❑ **Humalog**® **Mix 75/25 Kwikpen/vial** (insulin lispro protamine/insulin lispro)	❑ **Novolin**® **70/30** (70% NPH, Human Insulin Isophane Suspension & 30% Regular, Human Insulin) **vial** (OTC)
❑ **Novolog**® **Mix 70/30** (70% insulin aspart protamine suspension & 30% insulin aspart) **vial/FlexPen®**		

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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.

Criteria for Rapid-acting Insulin Products:

- ❑ Trial and failure of two of the following: insulin lispro vial/pen (generic Humalog vial/Kwikpen), insulin lispro Jr. Kwikpen, insulin aspart cartridge pen/vial (generic Novolog Flexpen/vial), insulin aspart/insulin aspart protamine insulin pen, Novolog® (insulin aspart) vial/Flexpen/cartridge

Criteria for Long-acting Insulin products:

- ❑ Trial and failure of two of the following insulin products: Lantus Solostar/vial (insulin glargine pen/vial) and Toujeo Solostar*

  *Toujeo Solostar requires prior authorization, including documentation of unsuccessful trial of Lantus insulin

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Criteria for Regular or short-acting Insulin Products:

- ❑ Trial and failure of Humulin R

Criteria for Intermediate-acting Insulin Products:

- ❑ Trial and failure of Humulin N pen/vial (OTC)

Criteria for Combination Insulin Products:

- ❑ Trial and failure of two of the following: Humulin 70/30 pen/vial (OTC), insulin aspart/insulin aspart protamine vial (generic Novolog Mix 70/30 vial), insulin lispro protamine mix kwikpen (generic Humalog Mix 75/25 pen- authorized generic)

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.*

REVISED/UPDATED/REFORMATTED: ~~9/18/2025; 3/30/2026,~~ **9/22/2026**