

# 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		
<input type="checkbox"/> <b>Admelog<sup>®</sup></b> (insulin lispro) vial/SoloStar <sup>®</sup>	<input type="checkbox"/> <b>Afrezza<sup>®</sup></b> cartridge (inhalation)	<input type="checkbox"/> <b>Apidra<sup>®</sup></b> (insulin glulisine) vial/SoloStar <sup>®</sup>
<input type="checkbox"/> <b>Fiasp<sup>®</sup></b> (insulin aspart) vial/FlexTouch <sup>®</sup> /PenFill <sup>®</sup> /PumpCart <sup>®</sup>	<input type="checkbox"/> <b>Humalog<sup>®</sup></b> (insulin lispro) Kwikpen 200 unit/ml	<input type="checkbox"/> <b>Humalog<sup>®</sup></b> (insulin lispro) vial/pen/cartridge
<input type="checkbox"/> <b>Humalog<sup>®</sup></b> (insulin lispro) Kwikpen 100 unit/ml	<input type="checkbox"/> <b>Lyumjev<sup>®</sup></b> (insulin lispro-aabc) vial/KwikPen <sup>®</sup>	<input type="checkbox"/> <b>Merilog<sup>™</sup></b> (insulin aspart-szjj)
<input type="checkbox"/> <b>Novolog<sup>®</sup></b> (insulin aspart) vial/Flexpen/cartridge		
Regular or short-acting Insulin Products		
<input type="checkbox"/> <b>Novolin<sup>®</sup> R</b> (Regular, Human Insulin) vial (OTC)		
Intermediate-acting Insulin Products		
<input type="checkbox"/> <b>Novolin<sup>®</sup> N</b> (NPH, Human Insulin) vial (OTC)		
Long-acting Insulin Products		
<input type="checkbox"/> <b>insulin degludec vial/pen</b> (Tresiba ABA)	<input type="checkbox"/> <b>insulin glargine SoloStar<sup>®</sup>/Max SoloStar<sup>®</sup></b> (Toujeo SoloStar <sup>®</sup> ABA)	<input type="checkbox"/> <b>Rezvoglar<sup>®</sup></b> (insulin glargine-aglr) Kwikpen

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<b>Combination Insulin Products:</b>		
<input type="checkbox"/> <b>Humalog® Mix 50/50 Kwikpen</b> (insulin lispro protamine/insulin lispro)	<input type="checkbox"/> <b>Humalog® Mix 75/25 Kwikpen/vial</b> (insulin lispro protamine/insulin lispro)	<input type="checkbox"/> <b>Novolin® 70/30</b> (70% NPH, Human Insulin Isophane Suspension & 30% Regular, Human Insulin) <b>vial</b> (OTC)
<input type="checkbox"/> <b>Novolog® Mix 70/30</b> (70% insulin aspart protamine suspension & 30% insulin aspart) <b>vial/FlexPen®</b>		

<b>MEMBER &amp; PRESCRIBER INFORMATION:</b> Authorization may be delayed if incomplete.
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Member Name: \_\_\_\_\_

Member Sentara #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

NPI #: \_\_\_\_\_

<b>DRUG INFORMATION:</b> Authorization may be delayed if incomplete.
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Drug Name/Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Weight (if applicable): \_\_\_\_\_ Date weight obtained: \_\_\_\_\_

<p><b>CLINICAL CRITERIA:</b> 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.</p>
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### 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

### 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

### Criteria for Regular or short-acting Insulin Products:

- ❑ Trial and failure of Humulin R or Humulin U-500 pen/vial

### 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)

*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.\**