

# 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)  |
| 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</b> vial/pen (Tresiba ABA)  | <input type="checkbox"/> <b>insulin glargine</b> SoloStar <sup>®</sup> /Max SoloStar <sup>®</sup> (Toujeo SoloStar <sup>®</sup> ABA) | <input type="checkbox"/> <b>Rezvoglar<sup>®</sup></b> (insulin glargine-aglr) Kwikpen  |
| Combination Insulin Products:  |  |  |
| <input type="checkbox"/> <b>Humalog<sup>®</sup> Mix 50/50</b> Kwikpen (insulin lispro protamine/insulin lispro)  | <input type="checkbox"/> <b>Humalog<sup>®</sup> Mix 75/25</b> Kwikpen/vial (insulin lispro protamine/insulin lispro)                 | <input type="checkbox"/> <b>Novolin<sup>®</sup> 70/30</b> (70% NPH, Human Insulin Isophane Suspension & 30% Regular, Human Insulin) vial (OTC) |
| <input type="checkbox"/> <b>Novolog<sup>®</sup> Mix 70/30</b> (70% insulin aspart protamine suspension & 30% insulin aspart) vial/FlexPen <sup>®</sup> |  |  |

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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, ReliOn™ Novolog vial/Flexpen

**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

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**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.\****