SENTARA HEALTH PLANS
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: Repository Corticotropin Medications - Symptomatic Sarcoidosis

PREFERRED	NON-PREFERRED
❑ **Purified Cortrophin™ Gel** (repository corticotropin)	❑ **Acthar® Gel** (repository corticotropin) 80 USP Units/mL 5 mL multi-dose vial ❑ **Acthar® Gel** (repository corticotropin) 40 USP Units/0.5 mL single-dose prefilled SelfJect injector ❑ **Acthar® Gel** (repository corticotropin) 80 USP Units/mL single-dose prefilled SelfJect injector ***Member must have tried and failed preferred Purified Cortrophin™ Gel and meet all applicable PA criteria below**

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:** _____

- **Adverse effects that may occur with repository corticotropin are related primarily to its _steroidogenic effects and are similar to corticosteroids_. There may be increased susceptibility to new infection and increased risk of reactivation of latent infections. Adrenal insufficiency may occur after abrupt withdrawal of the drug following prolonged therapy.**

- **Acthar Gel single-dose pre-filled SelfJect injector is for subcutaneous administration by adults only.**

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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. Check box below for the Diagnosis that applies.

- ❑ **Member must have a documented diagnosis of sarcoidosis and <u>ONE</u> of the following:**
  - ❑ With active pulmonary symptoms
  - ❑ Extra pulmonary symptoms only

- ❑ **Member must meet <u>ONE</u> of the following:**
  - ❑ Trial of dose equivalent to at least 20 mg prednisone daily for 3 months <u>**MUST**</u> be noted in pharmacy claims
  - ❑ For contraindication: GI BLEED has occurred within the last 30 days **(must submit chart note documentation)**

- ❑ **Member must have tried and failed or has a contraindication to at least <u>one</u> (1) of the following immunomodulators (therapy tried <u>must</u> be noted in pharmacy claims):**

❑ methotrexate	❑ azathioprine	❑ leflunomide

- ❑ **Member must have tried and failed or has a contraindication to at least <u>one</u> (1) TNF Inhibitor (therapy tried <u>must</u> be noted in pharmacy claims):**

❑ infliximab (Remicade®)	❑ etanercept (Enbrel®)	❑ adalimumab (Humira®)

- ❑ **Documentation that <u>EITHER</u> pulmonary imaging/pulmonary function tests <u>OR</u> noncaseating granulomas showed worsening of disease while on a steroid and immunomodulator and TNF-Inhibitor (progress notes and diagnostics <u>MUST</u> be submitted):**
  - ❑ Pulmonary imaging   **OR**   ❑ Confirmation of noncaseating granulomas
  - ❑ Recent pulmonary function tests

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

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.

<u>Previous therapies will be verified through pharmacy paid claims or submitted chart notes.</u>*