

# 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:** **Topical Corticosteroids** (select drug below)

Low Potency Steroids		
<input type="checkbox"/> <b>Capex<sup>®</sup></b> (fluocinolone) <b>0.01% shampoo</b>	<input type="checkbox"/> <b>Texacort<sup>®</sup></b> (hydrocortisone) <b>2.5% solution</b>	
Medium Potency Steroids		
<input type="checkbox"/> <b>betamethasone valerate 0.12% foam</b> (generic Luxiq)	<input type="checkbox"/> <b>clocortolone pivalate 0.1% cream</b> (generic Cloderm)	<input type="checkbox"/> <b>Cordran<sup>®</sup></b> (flurandrenolide) <b>4 mcg/sqcm tape</b>
<input type="checkbox"/> <b>flurandrenolide 0.05% cream</b> (generic Cordran)	<input type="checkbox"/> <b>fluticasone 0.05% lotion</b> (generic Cutivate)	
High Potency Steroids		
<input type="checkbox"/> <b>amcinonide 0.1% cream, lotion or ointment</b>	<input type="checkbox"/> <b>desoximetasone 0.05% cream/gel/ointment</b> (generic Topicort)	<input type="checkbox"/> <b>calcipotriene 0.005%-betamethasone 0.064% ointment or suspension</b> (generic Taclonex)
<input type="checkbox"/> <b>diflorasone 0.05% cream or ointment</b>	<input type="checkbox"/> <b>fluocinonide 0.1% cream</b> (generic Vanos)	<input type="checkbox"/> <b>triamcinolone spray</b> (generic Kenalog)
Very High Potency Steroids		
<input type="checkbox"/> <b>clobetasol propionate 0.05% foam</b> (generic Olux)	<input type="checkbox"/> <b>clobetasol propionate emulsion 0.05% foam</b> (generic Olux-E)	<input type="checkbox"/> <b>clobetasol propionate 0.05% shampoo</b> (generic Clodan)
<input type="checkbox"/> <b>Impoyz<sup>®</sup></b> (clobetasol) <b>0.025% cream</b>		

**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 #: \_\_\_\_\_

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**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.

- Member has tried and failed 30 days of therapy with at least **THREE** of the following therapies (**Check all that apply; verified by chart notes or pharmacy paid claims**):

<b>Low Potency Steroids</b>	
<input type="checkbox"/> alclometasone dipropionate 0.05% cream/ointment	<input type="checkbox"/> desonide 0.05% cream/lotion/ointment
<input type="checkbox"/> fluocinolone acetonide 0.01% body oil/scalp oil	<input type="checkbox"/> hydrocortisone 2.5% cream/lotion/ointment
<b>Medium Potency Steroids</b>	
<input type="checkbox"/> fluocinolone acetonide 0.01% solution or 0.025% cream/ointment	<input type="checkbox"/> fluticasone 0.05% cream or 0.005% ointment
<input type="checkbox"/> hydrocortisone valerate 0.2% cream	<input type="checkbox"/> hydrocortisone butyrate 0.1% cream/cream (lipo)/ointment/solution
<input type="checkbox"/> mometasone 0.1% cream/ointment/solution	<input type="checkbox"/> prednicarbate 0.1% ointment
<b>High Potency Steroids</b>	
<input type="checkbox"/> augmented betamethasone 0.05% cream/ointment	<input type="checkbox"/> betamethasone dipropionate 0.05% cream/lotion/ointment
<input type="checkbox"/> betamethasone valerate 0.1% cream/lotion/ointment	<input type="checkbox"/> desoximetasone 0.25% cream/ointment
<input type="checkbox"/> fluocinonide 0.05% cream/ointment solution or 0.05% emulsified base cream	<input type="checkbox"/> triamcinolone 0.025% cream/lotion/ointment, 0.1% cream/lotion/ointment, or 0.5% cream/ointment
<b>Very High Potency Steroids</b>	
<input type="checkbox"/> clobetasol propionate 0.05% cream/gel/ointment/solution/spray or 0.05% emollient cream	<input type="checkbox"/> halobetasol 0.05% cream

*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.\**