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

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:** _____

DEA OR NPI #: _____

(Continued on next page)

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight: _____ **Date:** _____

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)**:

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

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.__

***Approved by Pharmacy and Therapeutics Committee**: ~~2/20/2014;~~ 7/21/2022
REVISED/UPDATED: ~~5/8/2014; 7/22/2014; 9/26/2014; 9/29/2014; 11/5/2014; 5/22/2015; 11/20/2015; 12/22/2015; 6/16/2016; 8/15/2016; 9/28/2016; 12/20/2016; 8/19/2017; 6/14/2018; 5/13/2019, 2/03/2020; 3/17/2022; 4/25/2022; 6/3/2022; 6/17/2022; 8/5/2022;~~ **10/27/2023**