

# 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.**

### Drug Requested: Repository Corticotropin Medications - Symptomatic Sarcoidosis

<u>PREFERRED</u>	<u>NON-PREFERRED</u>
<input type="checkbox"/> <b>Purified Cortrophin™ Gel</b> (repository corticotropin)	<input type="checkbox"/> <b>HP Acthar® Gel</b> (repository corticotropin) <b>*Member must have tried and failed preferred Purified Cortrophin™ Gel and meet all applicable PA criteria below</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: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

#### **DRUG INFORMATION:** Authorization may be delayed if incomplete.

Drug Form/Strength: \_\_\_\_\_

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

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

Weight: \_\_\_\_\_ Date: \_\_\_\_\_

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.

**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.

(Continued on next page)

- ❑ Member **MUST** have a documented diagnosis of sarcoidosis and **ONE** of the following:
  - ❑ With active pulmonary symptoms
  - OR**
  - ❑ Extra pulmonary symptoms only

**AND**

- ❑ Member **must** have tried and failed or has a contraindication to systemic corticosteroids as follows:
  - ❑ Trial of dose equivalent to at least 20 mg prednisone daily for 3 months **MUST** be noted in pharmacy claims

**OR**

- ❑ For contraindication: GI BLEED has occurred within the last 30 days (**must submit chart note documentation**)

**AND**

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

<input type="checkbox"/> methotrexate	<input type="checkbox"/> azathioprine	<input type="checkbox"/> leflunomide
---------------------------------------	---------------------------------------	--------------------------------------

**AND**

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

<input type="checkbox"/> infliximab	<input type="checkbox"/> etanercept (Enbrel <sup>®</sup> )	<input type="checkbox"/> adalimumab (Humira <sup>®</sup> )
-------------------------------------	--	--

**AND**

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

<b>Medication being provided by a Specialty Pharmacy- PropriumRx</b>
--

**\*\*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.\***