SENTARA COMMUNITY PLAN (MEDICAID)

MEDICAL PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

<u>Directions:</u> 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; <u>fax to 1-844-305-2331</u>. No additional phone calls will be necessary if all information (<u>including phone and fax #s</u>) on this form is correct. <u>If information provided is not complete, correct, or legible, authorization can be delayed</u>.

Drug Requested: Primaxin® IV (cilastatin sodium/imipenem) J0743 (Medical)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.				
Member Name:				
Member Sentara #:				
Prescriber Name:				
Prescriber Signature:				
Office Contact Name:				
Phone Number:				
DEA OR NPI #:				
DRUG INFORMATION: Authoriza	tion may be delayed if incomplete.			
Drug Form/Strength:				
Dosing Schedule:	Length of Therapy:			
Diagnosis:	ICD Code, if applicable:			
Weight:	Date:			
_	the timeframe does not jeopardize the life or health of the member um function and would not subject the member to severe pain.			
	ow all that apply. All criteria must be met for approval. To on, including lab results, diagnostics, and/or chart notes, must be			
Length of Authorization: Date of S	ervice (14 days)			
□ New Start				
☐ Member has <u>ONE</u> of the following d	liagnoses:			
☐ Lower respiratory tract infections	S			
Urinary tract infections				
☐ Intra-abdominal infections				
Gynecologic infections				

(Continued on next page)

□ Bone and joint infections

PA Primaxin IV (Medical)(Medicaid) (Continued from previous page)

		Skin and skin structure infections	
	Provider has submitted lab cultures from current hospital admission or office visit collected within the la 7 days		
		ovider must submit chart notes documenting trial and failure of at least TWO of the following oral or preferred antibiotics within the last 14 days specific to the applicable indication for use:	
		Lower respiratory tract infections – ceftriaxone, azithromycin, cefepime, doxycycline, and levofloxacin	
		Urinary tract infections – nitrofurantoin, cefdinir, cephalexin, amoxicillin, amoxicillin-clavulanate, ciprofloxacin, levofloxacin, trimethoprim-sulfamethoxazole, and fosfomycin	
		Intra-abdominal infections – ciprofloxacin, levofloxacin, ceftriaxone, cefazolin, cefepime, piperacillin-tazobactam, trimethoprim-sulfamethoxazole, ertapenem, imipenem-cilastatin, and meropenem	
		Gynecologic infections – nitrofurantoin, cefdinir, cephalexin, amoxicillin, amoxicillin-clavulanate, ciprofloxacin, levofloxacin, trimethoprim-sulfamethoxazole, and Fosfomycin	
		Bone and joint infections – vancomycin, nafcillin, oxacillin, cefazolin, ceftriaxone, daptomycin, cipro levofloxacin, ceftazidime, and ertapenem,	
		Skin and skin structure infections – cephalexin, dicloxacillin, cefazolin, ceftriaxone, piperacillin-tazobactam, vancomycin, trimethoprim-sulfamethoxazole, doxycycline, clindamycin, and ciprofloxacin	
		Endocarditis – vancomycin, ceftriaxone, gentamicin, daptomycin, cefepime, zosyn, tobramycin, meropenem	
enş	gth	of Authorization: Date of Service	
C	Con	tinuation of therapy following inpatient administration	
	Me	ember has <u>ONE</u> of the following diagnoses:	
		Lower respiratory tract infections	
		Urinary tract infections	
		Intra-abdominal infections	
		Gynecologic infections	
		Bone and joint infections	
		Skin and skin structure infections	
		Endocarditis	
	Me	ember is currently on Primaxin for more than 72 hours inpatient (progress notes must be submitted)	
		ovider has submitted lab culture sensitivity results retrieved during inpatient admission which shows istance to <u>ALL</u> preferred antibiotics except for Primaxin (sensitive)	

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Medication being provided by: Please check applicable box below.		
	Location/site of drug administration:	
	NPI or DEA # of administering location:	
	<u>OR</u>	
	Specialty Pharmacy – Proprium Rx	

For urgent reviews: Practitioner should call Sentara Health Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara Health's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

^{**}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. *