

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.

Sickle Cell Disease Drugs

Drug Requested: (Please select drug below)

PREFERRED MEDICATIONS (Does not require Prior Authorization for FDA approved ages)	
<input type="checkbox"/> Droxia®	<input type="checkbox"/> Endari™
<input type="checkbox"/> Siklos® (age 2-17 requires no PA)	<input type="checkbox"/> Xromi® (hydroxyurea) solution (PA required if 2 years of age or older)
NON-PREFERRED MEDICATIONS (Require prior authorization)	
<input type="checkbox"/> Adakveo IV®	<input type="checkbox"/> L-glutamine (generic Endari™)

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: _____

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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.

Initial Approval: 6 months

1. Is the drug being prescribed by or in consultation with an oncologist, hematologist or sickle cell specialist?
 Yes No
2. Does the patient have a diagnosis of Sickle Cell Disease presenting as one of following (HbSS, HbSC, HbS β^0 -thalassemia, or HbS β^+ -thalassemia)?
 Yes No
3. Is the medication dose proper for the patient's age or other conditions affecting the dose, according to the product package insert approved by the FDA?
 Yes No

For Adakveo®

4. Has the member had an insufficient response to a minimum 3-month trial of hydroxyurea (unless contraindicated or intolerant)?
 Yes No
5. Patient has experienced **TWO** or more vaso-occlusive crises (VOC) in the previous year despite adherence to hydroxyurea therapy?
 Yes No

For Siklos®

6. Is the member 18 years of age or older?
 Yes No
7. Is the brand Siklos medically necessary? If yes, provide explanation below
 Yes No

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For Xromi (hydroxyurea solution)

8. Is the member 2 years of age or older? Yes No
9. Is the Xromi solution medically necessary? If yes, please provide explanation below
 Yes No

For generic glutamine powder packet:

10. Has the member had an insufficient response to a minimum 3-month trial of brand name Endari®?
 Yes No

Reauthorization Approval: 1 year. 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.

1. Does the member continue to meet the above criteria?
 Yes No
2. Does the member have disease response improvement with treatment?
 Yes No

For Adakveo®:

3. Is the member's response compared to pre-treatment baseline evidenced by a decrease in the frequency of vaso-occlusive crises (VOC) necessitating treatment, reduction in number or duration of hospitalizations, and/or reduction in severity of VOC?
 Yes No

List pharmaceutical drugs attempted and outcome:

(Continued on next page)

Medical necessity: Provide clinical evidence that the **PREFERRED** drug(s) will **not** provide adequate benefit.

*****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.****