SENTARA COMMUNITY PLAN (MEDICAID)

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

Drug Requested: Qutenza[®] (capsaicin 8% topical system) (J7336) (Medical)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name:	
Member Sentara #:	Date of Birth:
Prescriber Name:	
	Date:
Office Contact Name:	
Phone Number:	
DEA OR NPI #:	
DRUG INFORMATION: Authori	zation may be delayed if incomplete.
Drug Name/Form/Strength:	
Dosing Schedule:	Length of Therapy:
Diagnosis:	ICD Code, if applicable:
Weight:	Date:

□ Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

Quantity Limit (max daily dose) [NDC Unit]: 4 patches (1120 billable units) every 90 days

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.

Discrete: Qutenza 8% Patch should only be applied by a health care provider in a well-ventilated area.

Initial Authorization: 12 months

□ Requested medication will be used in the management of neuropathic pain

- □ Member has tried and had an inadequate response (or contraindication) to <u>**TWO**</u> of the following therapies:
 - □ capsaicin OTC topical
 - □ pregabalin capsules
 - □ gabapentin (capsule/tablet/solution)
 - □ duloxetine 20, 30 & 60 mg (generic for Cymbalta[®])
 - □ lidocaine 5% patch

Medication being provided by (check applicable box(es) below):				
Physician's office	OR	Specialty Pharmacy – Proprium Rx		

For urgent reviews: Practitioner should call the Health Plan Prior Authorization Department if they believe a standard review would subject the member to adverse health consequences. The Health Plan'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. **

<u>Previous therapies will be verified through pharmacy paid claims or submitted chart notes.</u>