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

Drug Requested: Adasuve<sup>®</sup> (loxapine aerosol powder breath activated) J2062 (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: Author	
Drug 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.

#### Maximum Dose: 280 billable units per 28 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.

### **Initial Authorization: 12 months**

□ Member is 18 years of age or older

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- □ Member has a diagnosis of <u>ONE</u> of the following:
  - □ Schizophrenia
  - □ Bipolar I disorder
- □ Member is experiencing "Psychomotor agitation" as defined in DSM-IV as "excessive motor activity associated with a feeling of inner tension"
- Provider has submitted documentation to confirm the member experiences agitation, often manifesting behaviors that interfere with their care (e.g., threatening behaviors, escalating or urgently distressing behavior, self-exhausting behavior), leading clinicians to the use of rapidly absorbed antipsychotic medications to achieve immediate control of the agitation.
- Provider attests Adasuve will only be administered in an enrolled healthcare facility (loxapine is part of the REMS Program to mitigate the risk of bronchospasm)

**Reauthorization: 12 months.** 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 continues to meet <u>ALL</u> initial authorization criteria

Medication being provided by (check applicable box(es) below):

Physician's office

 OR
 Specialty Pharmacy – Proprium Rx

For urgent reviews: Practitioner should call Sentara Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Sentara'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>\*