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: Emblaveo™ (aztreonam and avibactam) **(J0458) (Medical)**

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 Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

Weight (if applicable): _____ **Date weight obtained:** _____

❑ 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.

Length of Authorization: Date of Service (7 days)

❑ **Diagnosis: Complicated intra-abdominal infections (cIAI)**

❑ **New Start**

- ❑ Member is 18 years of age or older
- ❑ Member has a diagnosis of complicated intra-abdominal infection (cIAI) with limited or no alternative treatment options

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- ❑ Provider has submitted lab cultures from current hospital admission or office visit collected within the last 7 days
- ❑ Lab cultures must show that the following bacteria are sensitive to Emblaveo: Escherichia coli, Klebsiella pneumoniae, Klebsiella oxytoca, Enterobacter cloacae complex, Citrobacter freundii complex, and Serratia marcescens
- ❑ Member must meet **ONE** of the following:
  - ❑ Provider must submit chart notes documenting trial and failure of **ALL** the following IV antibiotics: ceftazidime, amikacin, tigecycline, colistin, levofloxacin, ceftriaxone, cefazolin, cefepime, piperacillin-tazobactam, trimethoprim-sulfamethoxazole, ertapenem, imipenem-cilastatin, meropenem, moxifloxacin, Avycaz® (ceftazidime-avibactam), and Zerbaxa® (ceftolozane-tazobactam)
  - ❑ Cultures (retrieved from most recent office visit or current inpatient admission collected within the last 7 days) shows resistance to **ALL** the following IV antibiotics: ceftazidime, amikacin, tigecycline, colistin, levofloxacin, ceftriaxone, cefazolin, cefepime, piperacillin-tazobactam, trimethoprim-sulfamethoxazole, ertapenem, imipenem-cilastatin, meropenem, moxifloxacin, Avycaz® (ceftazidime-avibactam), and Zerbaxa® (ceftolozane-tazobactam)

Length of Authorization: Date of Service

❑ **Diagnosis: Complicated intra-abdominal infections (cIAI)**

❑ **Continuation of therapy following inpatient administration**

- ❑ Member is currently on Emblaveo for more than 72 hours inpatient **(progress notes must be submitted)**
- ❑ Provider has submitted lab culture sensitivity results retrieved during inpatient admission which shows resistance to **ALL** preferred antibiotics except for Emblaveo (sensitive)

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

❑ **Location/site of drug administration:** _____

NPI or DEA # of administering location: _____

OR

❑ **Specialty Pharmacy**

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.****

***Approved by Pharmacy and Therapeutics Committee**: ~~7/24/2025;~~ **11/20/2025**
REVISED/UPDATED/REFORMATTED: ~~8/18/2025; 10/01/2025,~~ **12/12/2025**