

# 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.**

### Continuous Glucose Monitors (CGM)

**Device Requested:** (Check below the CGM that applies, only **ONE** prior authorization form is required)

Formulary Preferred CGMs	
<input type="checkbox"/> FreeStyle Libre 14 Day System (Reader/Sensors)	<input type="checkbox"/> FreeStyle Libre 2 System (Reader/Sensors/Plus Sensors)
<input type="checkbox"/> Dexcom G6™ System (Receiver/Transmitter/Sensors)	<input type="checkbox"/> FreeStyle Libre 3 System (Reader/Sensors/Plus Sensors)
<input type="checkbox"/> Dexcom G7™ System (Receiver/Transmitter/Sensors)	
Non-Formulary CGMs	
Provider please note: Medical Exception is required	
<input type="checkbox"/> Eversense® (Sensor/Transmitter)	<input type="checkbox"/> Guardian™ 3 (Transmitter/Sensors)
<input type="checkbox"/> Guardian™ 4 (Transmitter/Sensors)	<input type="checkbox"/> Minimed™ Instinct Sensors
<input type="checkbox"/> Simplera™ Sensors	<input type="checkbox"/> Symplera™ Sync Sensors

**PROVIDER PLEASE NOTE:**

**Only one prior authorization form is required to be submitted for the request of any formulary or non-formulary CGM. If approved, an authorization will be entered for corresponding CGM supplies (e.g., readers, sensors, transmitters).**

**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 #: \_\_\_\_\_

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**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:** \_\_\_\_\_

**Quantity Limits:**

<b><u>Dexcom</u></b>	<b><u>Freestyle</u></b>
<ul style="list-style-type: none"><li>• 1 receiver per lifetime</li><li>• 3 sensors per 30 days</li><li>• 1 transmitter per 90 days</li></ul>	<ul style="list-style-type: none"><li>• 1 reader kit per lifetime</li><li>• 2 sensors per 28 days</li><li>• 2 plus sensors per 30 days</li></ul>

**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.

- Has the member been approved for a CGM device previously through the Sentara Health Plans medical department?  Yes  No

**Continuous Glucose Monitors**

**Length of Authorization: 12 months (1 year)**

- Member is 2 years of age or older
- Member has been diagnosed with diabetes by their primary care physician, or another licensed health care practitioner authorized to make such a diagnosis
- Member is being treated with insulin and/or the member has a history of problematic hypoglycemia
- Member's treating practitioner concluded that the member (or member's caregiver) has had sufficient training using the continuous glucose monitor prescribed as evidenced by the prescription provided.
- The continuous glucose monitor has been prescribed in accordance with the Food and drug Administration indications for use

**Replacement Device**

- Member has been previously approved for a CGM
- Member has been benefiting from the use of the CGM

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- At least **ONE** of the following problems have occurred which limits the use of the member's current CGM:
  - Reagent or instrument failure/defective devices
  - Defects in product design
  - Product instability
  - Failure to perform according to performance characterized in package insert
  - Incorrect test results (falsely elevated or decreased glucose results) that cause or contributed to an incorrect patient diagnosis and/or treatment
  - Unexplained quality control (QC) failures
  - Any other device problems that may compromise patient health or safety
- Provider or member must submit documentation that the member's current CGM is not under warranty, including the date of warranty expiration

**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 the relevant criteria identified in the initial criteria
- Member is being monitored for benefit of using the continuous glucose monitor by way of follow up every 6 months in the first 18 months of use or annually after the first 18 months of use

***\*\*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.\****