

SENTARA HEALTH PLANS

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 may be delayed.**

Long-Acting Muscarinic Antagonist (LAMA) Anticholinergic inhalers

Drug Requested: (Select one from below)

<input type="checkbox"/> Lonhala Magnair[®] (glycopyrrolate) oral inhalation solution	<input type="checkbox"/> Tudorza[®] Pressair[®] (aclidinium bromide inhalation powder)
<input type="checkbox"/> Yupelri[®] (revefenacin) oral inhalation solution	

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: _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight: _____ Date: _____

Quantity Limits:

- **Lonhala Magnair[®]** - 60 vials per 30 days
- **Tudorza[®] Pressair[®]** - 1 inhaler per 30 days
- **Yupelri[®]** - 30 vials per 30 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.

(Continued on next page)

Member must have tried and failed **at least 30 days** of therapy with the following:

Spiriva[®] Handihaler[®]

OR

Spiriva[®] Respimat[®]

AND

Incruse[®] Ellipta[®]

Not all drugs may be covered under every Plan.

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

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.