# 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**.

**The Sentara Health Plans Oncology Program is administered by OncoHealth**

- **For any oncology indications**, the most efficient way to submit a prior authorization request is through the **OncoHealth OneUM Provider Portal** at https://oneum.oncohealth.us. Fax to **1-800-264-6128.** OncoHealth can also be contacted by Phone: 1-888-916-2616.

# Somatostatin Analog Drugs (Medical)

**Drug Requested:** Check box below that applies.

| | |
|---|---|
| ❑ **lanreotide acetate extended release SQ injection 120 mg/0.5 mL (J1932)** | ❑ **octreotide injection** (generic Sandostatin®) **(J2354)** |
| ❑ **Sandostatin®** (octreotide) **injection (J2353)** | ❑ **Signifor LAR®** (pasireotide) **SQ injection (J2502)** |
| ❑ **Somatuline® Depot** (lanreotide) **injection 60 mg, 90 mg, 120 mg (J1930)** | |

**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 Name/Form/Strength:** _____

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

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

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

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❑ 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.

**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.

## ❑ Diagnosis: Acromegaly (octreotide, Sandostatin, Signifor LAR, Somatuline)

**Initial Authorization: 12 months**

- ❑ Member is 18 years of age or older

**AND**

- ❑ Provider is an endocrinologist or neurosurgeon

**AND**

- ❑ Member has undergone pituitary surgery and/or irradiation is contraindicated **(chart notes must be submitted to document diagnosis and surgical history or contraindication to surgery)**

**AND**

- ❑ Diagnosis has been confirmed by elevated IGF levels as well as inadequate suppression of growth hormone (GH) levels **(labs must be submitted for documentation)**

**AND**

- ❑ **For Signifor LAR and Somatuline Depot, all strengths:** Medication will not be used in combination with other short-acting somatostatin analogs

## ❑ Diagnosis: Acromegaly (octreotide, Sandostatin, Signifor LAR, Somatuline)

**Reauthorization: 12 months**

- ❑ No toxicity has been observed while taking the requested medication

**AND**

- ❑ Response is demonstrated by **BOTH** of the following **(Chart notes must be submitted for documentation)**:
  - ❑ Reduction of GH levels from pre-treatment baseline
  - ❑ Normalization of IGF level

**AND**

- ❑ **For Signifor LAR and Somatuline Depot, all strengths:** Member has not had to use short-acting somatostatin therapy during treatment

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## ❑ Diagnosis: Cushing's Disease (Signifor LAR)

**Initial Authorization: 3 months**

- ❑ Member is 18 years of age or older

**AND**

- ❑ Provider is an endocrinologist or neurosurgeon

**AND**

- ❑ Member has a diagnosis of Cushing's disease and pituitary surgery is not an option or has not been curative (**chart notes must be submitted to document diagnosis and surgical history or contraindication to surgery)**

**AND**

- ❑ Member's baseline 24-hour urinary free cortisol level is greater than 1.5 times the upper limit of normal **(labs must be submitted for documentation)**

**AND**

- ❑ Current baseline labs documenting **ALL** the following must be attached: liver function tests, fasting plasma glucose, hemoglobin A1c, thyroid function, baseline ECG, and gallbladder ultrasound

## ❑ Diagnosis: Cushing's Disease (Signifor LAR)

**Reauthorization: 12 months**

- ❑ Member's current 24-hour urinary free cortisol level is below the upper limit of normal mean **(labs must be submitted for documentation)**

**AND**

- ❑ Current labs documenting member's liver function, fasting plasma glucose and hemoglobin A1c must be submitted with request

**AND**

- ❑ Improvements in blood pressure, triglycerides, low-density lipoprotein cholesterol, weight and health related quality of life have been maintained while on Signifor therapy **(Chart notes must be submitted for documentation)**

## ❑ Diagnosis: Other

**Please submit documentation showing medical necessity**

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**Medication being provided by (check box below that applies):**

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

  **NPI or DEA # of administering location**: _____

  **OR**

- ❑ **Specialty Pharmacy**

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

***Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****



***Approved by Pharmacy & Therapeutic Committee:** 11/19/2020
**REVISED/UPDATED/REFORMATTED:** 4/1/2021; 6/14/2021; 10/11/2021; 4/7/2022; 4/26/2022; 6/15/2022; 12/7/2022; 2/29/2024, 11/18/2024; 12/20/2024; **2/28/2024**