

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.

Drug Requested: Nasal Corticosteroids (select one below)

<input type="checkbox"/> Beconase AQ® (beclomethasone)	<input type="checkbox"/> flunisolide nasal spray	<input type="checkbox"/> mometasone (Nasonex®)
<input type="checkbox"/> Omnaris® (ciclesonide)	<input type="checkbox"/> Qnasl® (beclomethasone)	<input type="checkbox"/> Xhance®(fluticasone propionate)
<input type="checkbox"/> Zetonna™ (ciclesonide)		

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: _____

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

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)

For all non-preferred nasal corticosteroid requests EXCEPT Xhance®:

- Member must have documentation of trial and failure of **TWO (2)** of the following (**check each that has been tried, trials will be verified through paid pharmacy claims or chart notes**):
 - Prescription fluticasone propionate nasal spray (generic Flonase®)
 - OTC budesonide nasal spray (generic Rhinocort Allergy®)
 - OTC triamcinolone acetonide nasal spray (generic Nasacort®)

OR

- If requesting mometasone (Nasonex®), member has a diagnosis of Chronic Rhinosinusitis with Nasal Polyps (CRSwNP) confirmed by **ONE (1)** of the following (**submit documentation to confirm diagnosis**):**
 - Anterior rhinoscopy
 - Nasal endoscopy
 - Computed tomography

For Xhance® (fluticasone propionate) requests:

DIAGNOSIS: Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

- Member must be 18 years of age or older
- Prescribed by or in consultation with an allergist, ENT specialist or pulmonologist
- Member has a diagnosis of Chronic Rhinosinusitis with Nasal Polyps (CRSwNP) confirmed by **ONE (1)** of the following (**submit documentation to confirm diagnosis**):
 - Anterior rhinoscopy
 - Nasal endoscopy
 - Computed tomography
- Member must have documentation of a 90-day trial and failure, contraindication or intolerance to **TWO (2)** intranasal corticosteroids (**check each that has been tried, trials will be verified through paid pharmacy claims or chart notes**):
 - Mometasone nasal spray (generic Nasonex®) *requires prior authorization*
 - Prescription fluticasone propionate nasal spray (generic Flonase®)
 - OTC budesonide nasal spray (generic Rhinocort Allergy®)
 - OTC triamcinolone acetonide nasal spray (generic Nasacort®)
 - Other: _____

For Xhance® (fluticasone propionate) requests:

DIAGNOSIS: Chronic Rhinosinusitis without Nasal Polyps (CRSsNP)

- Member must be 18 years of age or older
- Prescribed by or in consultation with an allergist, ENT specialist or pulmonologist

(Continued on next page)

- ❑ Member must have documentation of a 90-day trial and failure, contraindication or intolerance to **ALL** the following intranasal corticosteroids:
 - ❑ Mometasone nasal spray (generic Nasonex®) ***requires prior authorization***
 - ❑ Prescription fluticasone propionate nasal spray (generic Flonase®)
 - ❑ OTC budesonide nasal spray (generic Rhinocort Allergy®)
 - ❑ OTC triamcinolone acetonide nasal spray (generic Nasacort®)

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.****