

# 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"/> <b>Beconase AQ®</b> (beclomethasone)	<input type="checkbox"/> <b>flunisolide nasal spray</b>	<input type="checkbox"/> <b>mometasone</b> (Nasonex®)
<input type="checkbox"/> <b>Omnaris®</b> (ciclesonide)	<input type="checkbox"/> <b>Qnasl®</b> (beclomethasone)	<input type="checkbox"/> <b>Xhance®</b> (fluticasone propionate)
<input type="checkbox"/> <b>Zetonna™</b> (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<sup>®</sup>) **\*requires prior authorization\***
  - ❑ Prescription fluticasone propionate nasal spray (generic Flonase<sup>®</sup>)
  - ❑ OTC budesonide nasal spray (generic Rhinocort Allergy<sup>®</sup>)
  - ❑ OTC triamcinolone acetonide nasal spray (generic Nasacort<sup>®</sup>)

*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.\****