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.**

Pancreatic Enzymes

DRUG REQUESTED: Check box below that applies.

PREFERRED Pancrelipase	Non-Preferred Pancrelipase
❑ **Creon®**	❑ **Pertzye®**
❑ **Viokace®**	❑ **Zenpep®**

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:** _____

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.

Lenth of Authorization: 1 year

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- Member diagnosed with pancreatic insufficiency due to: **(select one below)**

  ❑ Cystic Fibrosis **OR** ❑ chronic pancreatitis **OR** ❑ pancreatectomy

For **all** drugs – if member has a diagnosis of Cystic Fibrosis, there is **no** requirement to try and fail a preferred If member has a feeding tube, then 2 different pancreatic enzymes can be approved for use together.

*****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.****

***REVISED/UPDATED/REFORMATTED:** ~~6/30/2017; 8/28/2017; 8/17/2018;12/24/2019; 11/8/2023, 4/1/2026~~**; 4/27/2026**