

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.

Drug Requested: Sylvant[®] (siltuximab) (J2860) (Medical)

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 Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight: _____ Date: _____

- 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.

Initial Authorization: 12 months

- Member is 18 years of age or older
- Prescribed by or in consultation with an oncologist, immunologist, and/or infectious disease specialist
- Member has a documented diagnosis of Multicentric Castleman Disease (MCD)
- Member is Human Immunodeficiency Virus (HIV) negative and Human Herpesvirus-8 (HHV-8) negative

(Continued on next page)

- Member is currently free of all clinically significant infections and does **NOT** have evidence of organ failure
- Provider has submitted complete blood count (CBC) testing which documents **ALL** the following, prior to the first siltuximab dose:
 - Absolute neutrophil count greater than or equal to $1.0 \times 10^9/L$
 - Platelet count greater than or equal to $75 \times 10^9/L$
 - Hemoglobin less than or equal to 17 g/dL
- Requested medication will be used as a single agent
- Member will **NOT** receive any live vaccines while being treated with siltuximab
- Female members must be advised of reproductive potential and counseled on the use of effective contraception during treatment with siltuximab and for 3 months after the last dose is administered

Reauthorization: 12 months. 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.

- Provider has submitted clinical documentation which shows no evidence of disease progression/treatment failure
- Provider has submitted complete blood count (CBC) testing which documents **ALL** the following, prior to continuation of siltuximab therapy:
 - Absolute neutrophil count greater than or equal to $1.0 \times 10^9/L$
 - Platelet count greater than or equal to $50 \times 10^9/L$
 - Hemoglobin less than or equal to 17 g/dL

Medication being provided by (check applicable box(es) below):

- Location/site of drug administration:** _____
NPI or DEA # of administering location: _____
- OR**
- Specialty Pharmacy – Proprium Rx**

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