

# 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 can be delayed.**

**Drug Category:** zolmitriptan (Zomig®) Nasal Spray

**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:** \_\_\_\_\_

**CLINICAL CRITERIA** - At least **ONE** of the following criteria **MUST** be met or authorization will be delayed. 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.

- Member has tried and failed therapy with sumatriptan nasal spray.
- Member enrolled with Sentara Health Plans within the past three months and was stable on requested medication prior to enrollment (**subject to verification by Sentara**).

*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.\****

\*Approved by Pharmacy and Therapeutics Committee: 11/19/2009

UPDATED/REVISED: 11/18/2010; 5/11/2011; 6/29/2011; 8/18/2011; 9/15/2011; 10/31/2011; 11/7/2012; 3/14/2013; 7/29/2013; 11/21/2013; 1/16/2014; 2/6/2014; 4/4/2014; 4/17/2014; 5/15/2014; 5/28/2014; 8/18/2014; 9/5/2014; 9/26/2014; 9/29/2014; 10/30/2014; 5/21/2015; 12/27/2015; 4/29/2016; 6/16/2016; 8/22/2016; 10/3/2016; 12/19/2016; 8/14/2017; 9/5/2017; 6/3/2018; 2/15/2019; 01/22/2020; 10/26/2023