

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 Requested: flucytosine (Ancobon) capsules

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: _____

Recommended Dosage: 25 mg/kg/dose every 6 hours

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.

Length of Authorization: 6 months

- Member has a diagnosis of **ONE** of the following:
 - Documented diagnosis of cryptococcal meningitis
 - Documented diagnosis of candida endocarditis
 - Documented diagnosis of a cryptococcal pulmonary infection **AND** documentation of clinical inappropriateness/resistance/treatment failure with at least one first-line agent (e.g., fluconazole, itraconazole, or voriconazole)

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- ❑ Documented diagnosis of candida septicemia **AND** documentation of clinical inappropriateness/resistance/treatment failure with at least one first-line agent (e.g., fluconazole, voriconazole)
- ❑ Documented diagnosis of candiduria **AND** documentation of clinical inappropriateness/resistance/treatment failure with fluconazole

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.