

AvMed

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 1-305-671-0200.** 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: L-glutamine (Endari™) oral powder

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.

Initial Authorization: 6 months

- Member must be 5 years of age or older
- Provider must submit member's current weight: _____
- Provider must prescribe according to FDA approved weight-based dosing. Member will be dosed as follows (**check prescribed dose; doses above maximum recommended for weight will NOT be approved**):
 - <30 kg: 5 g (1 packet) twice daily (**total dose 10 g/day**)
 - 30 to 65 kg: 10 g (2 packets) twice daily (**total dose 20 g/day**)
 - >65 kg: 15 g (3 packets) twice daily (**total dose 30 g/day**)
- Member must have a diagnosis of sickle cell disease

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- Provider must be a hematologist or oncologist specializing in treatment of sickle cell disease
- Member must have been compliant with hydroxyurea for the last 90 days (**compliance will be verified by pharmacy paid claims**)
- Member has experienced at least 2 documented sickle cell crises (SCC) events within the preceding 12 months (**submit documentation**)
- Medical chart notes from the last 12 months must be submitted for documentation of frequency of SCC events and emergency department or other medical facility visits due to SCC events
- Member will **NOT** take L-glutamine (Endari™) concomitantly with Adakveo® (crizanlizumab) infusions, or any experimental treatment for sickle cell disease complications

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.

- All initial authorization criteria continues to be met
- Member must be compliant with **BOTH** L-glutamine (Endari™) **AND** hydroxyurea (**compliance will be verified by pharmacy paid claims**)
- Member must meet **ONE** of the following:
 - Frequency of the member's sickle cell crisis events must have decreased since last approval of L-glutamine (Endari™) (**submit documentation**)
 - Frequency of the member's sickle cell crisis events have been maintained below the number of events at baseline (**medical chart notes must be submitted to document frequency of SCC events and emergency department or other medical facility visits due to SCC events since last approval of L-glutamine [Endari™]**)

Medication being provided by a Specialty Pharmacy – Proprium Rx

*****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.****