

# OPTIMA FAMILY CARE MEDALLION 4.0

## 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. Incomplete form will delay authorization process.

**Drug Requested** (Choose one from below):

<input type="checkbox"/> <b>Emverm®</b> (mebendazole)	<input type="checkbox"/> <b>Albenza®</b> (albendazole)
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**DRUG INFORMATION:** Complete all information below or authorization process will be delayed.

Drug Name/Form/Strength: \_\_\_\_\_

Requested Dose: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

{Trial of pyrantel pamoate **required** for Pinworm and Hookworm infections.}

**Listed below are the Center for Disease Control recommendations for treatment of Pinworm and Hookworm:**

CDC Recommendations for <u>Pinworm</u> Treatment	Dosage for Adults and Children
Pyrantel pamoate	11mg/kg base PO once; repeat in 2 weeks
Mebendazole	100mg PO once; repeat in 2 weeks
Albendazole	For children ≥20kg: 400mg PO once; repeat in 2 weeks For children <20kg: 200mg PO once; repeat in 2 weeks

CDC Recommendations for <u>Hookworm</u> Treatment	Dosage for Adults and Children
Pyrantel pamoate	11mg/kg (up to a maximum of 1gm) PO daily for 3 days
Mebendazole	100mg PO BID for 3 days or 500mg orally once
Albendazole	400mg PO once

**CLINICAL CRITERIA:** All boxes **MUST** be checked to ensure the authorization process will **NOT** be delayed. {Indication, length of therapy, and requested dose **must** be noted above.}

- For Pinworm infection: Patient has tried and failed **at least 2 doses** of a pyrantel pamoate product - initial dose followed by second dose 2 weeks later. Paid pharmacy claim for a pyrantel pamoate product **MUST** be noted in patient's pharmacy profile.

**OR**

- For Hookworm infection: Patient has tried and failed **at least 3 consecutive daily doses** of a pyrantel pamoate product. Paid pharmacy claim for a pyrantel pamoate product **MUST** be noted in patient's pharmacy profile.

**\*\*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.\***

Patient Name: \_\_\_\_\_

Member Optima #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

DEA OR NPI #: \_\_\_\_\_

\*REVISED/UPDATED: 7/1/2018