

OPTIMA HEALTH COMMUNITY CARE AND OPTIMA FAMILY CARE (MEDICAID)

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 the authorization process.**

Gastrointestinal (GI) Antibiotics (Non-Preferred)

DRUG REQUESTED: (non-preferred medication requires PA). Check applicable box below. If **not** checked, authorization process will be delayed.

<input type="checkbox"/> Alinia [®] tab (quantity limit: 6 tabs/30 dys)	<input type="checkbox"/> Alinia [®] susp	<input type="checkbox"/> Difucid [®]
<input type="checkbox"/> Flagyl [®] cap/tab/ER	<input type="checkbox"/> metronidazole cap	<input type="checkbox"/> neomycin
<input type="checkbox"/> Tindamax [®]	<input type="checkbox"/> tinidazole	<input type="checkbox"/> Xifaxan [®]
<input type="checkbox"/> Vancocin [®]	<input type="checkbox"/> Firvanq [™]	

DRUG INFORMATION: Complete information below or authorization process will be delayed.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code, if applicable:** _____

CLINICAL CRITERIA: Check below **ALL** that apply. Boxes **must** be checked to qualify to ensure authorization process will **NOT** be delayed. Chart notes and lab results **MUST** be attached to this request.

1) **Alinia[®] tablets – Quantity Limit: 6 tabs per rolling 30 days (Length of Authorization: date of service)**

- Patient is ≥ 12 years of age? Yes No
- Diagnosis of diarrhea caused by Cryptosporidium parvum or Giardia lamblia, **AND** Yes No
- Patient has had a trial on metronidazole or oral vancomycin? Yes No

2) **Alinia[®] suspension (Length of Authorization: date of service)**

- Patient is ≥ 12 years of age? Yes No
- Diagnosis of diarrhea caused by Cryptosporidium parvum or Giardia lamblia, **AND** Yes No
- Patient has had a trial on metronidazole or oral vancomycin? Yes No
- Patients **< 12 years** of age with diarrhea caused by Cryptosporidium parvum or Giardia lamblia, no trial on vancomycin or metronidazole required.

3) **Difucid[®] (Length of Authorization: 30 days)**

- Patient is ≥ 17 years old? Yes No
- Diagnosis of C. difficile? Yes No
- 10-day trial of oral vancomycin? Yes No

(continued on next page)

- 4) **Neomycin** (no preferred trial required) (Length of Authorization: 1 yr)
- Patient diagnosed with hepatic coma? Yes No
 - Patient diagnosed with surgical (perioperative) prophylaxis? Yes No
 - Patient diagnosed with hepatic encephalopathy? Yes No
- 5) **Xifaxan[®] 200 mg** (Length of Authorization: 3 days)
- Patient is ≥ 12 years of age? Yes No
 - Diagnosed with travelers' diarrhea caused by noninvasive strains of E. coli? Yes No
- 6) **Xifaxan[®] 550mg**
- Patient is ≥ 18 years of age? Yes No
 - Diagnosed with: (**check applicable diagnosis below**): irritable bowel syndrome with diarrhea (IBS-D)? Yes No
 - Irritable bowel syndrome with diarrhea (IBS-D) and had chronic symptoms for at least 6 months? Yes No
 - Initial Approval:** 550 TID for 14 days
 - Reauthorization Approval:** another 14 days only; has 4 months elapsed since last Xifaxan[®] dose? Yes No
 - Hepatic encephalopathy
 - Trial and failure of lactulose 20 to 30g (30 - 45mL) 3 to 4 times daily

MEDICAL NECESSITY: Provide clinical evidence that **metronidazole or oral vancomycin** will **not** provide adequate benefit.

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: 6/30/2017; 8/29/2017; 12/4/2017; 8/20/2018; 11/21/2018.