

**OPTIMA HEALTH COMMUNITY CARE**  
**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 1-800-319-5003. 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. If incomplete, 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:**

<i>CDC Recommendations for <u>Pinworm</u> Treatment</i>	<i>Dosage for Adults and Children</i>
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

<i>CDC Recommendations for <u>Hookworm</u> Treatment</i>	<i>Dosage for Adults and Children</i>
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 qualify or authorization process will 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: 8/26/2017