

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 the authorization process.*

Drug Requested: *Gastrointestinal (GI) Antibiotics (Non-Preferred)* **MEDICAID**

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"/> Difcid [®]
<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"/> vancomycin compounded oral soln kit	<input type="checkbox"/> Vancocin [®]	

DRUG INFORMATION: *Complete information below. If incomplete, authorization process will be delayed.*

Drug Name/Form: _____ **Strength:** _____

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

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

CLINICAL CRITERIA AND DIAGNOSES: *Check applicable box (es) below. If **not** checked, authorization process will be delayed.*

- 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) **Difcid[®] (Length of Authorization: 30 dys)**
 - Patient is ≥ 17 years old? Yes No
 - Diagnosis of C. difficile, **AND** Yes No
 - 10-day trial of metronidazole or oral vancomycin? Yes No

- 4) **Neomycin (no preferred trial required) (Length of Authorization: 1 yr)**
 - Patient diagnosed with hepatic coma? Yes No

- 5) **Xifaxan[®] 200 mg (Length of Authorization: 3 dys)**
 - Patient is ≥ 12 years of age? Yes No
 - Diagnosed with travelers’ diarrhea caused by noninvasive strains of E. coli? Yes No
 - Diagnosed with hepatic encephalopathy (*documentation of **all** treatments tried in past for diagnosis?*)? Yes No

(Patient ≥ 12 years old may be approved regardless of quantity requested.)

(continued on next page)

6) **Xifaxan 550mg (Length of Authorization: 6 mo)**

- Patient is \geq 18 years of age? Yes No
- Diagnosed with irritable bowel syndrome with diarrhea (IBS-D)? Yes No
- Patient has had chronic IBS-D symptoms for at least 6 months; **AND** Yes No
 - Tried and failed at least three agents from the following: Yes No
 - **Bulk forming Laxatives** (i.e. psyllium, fiber) **AND**
 - **Antispasmodic agents** (e.g., dicyclomine, hyoscyamine); **AND**
 - **Antidiarrheal agents/opiates** (e.g., loperamide, diphenoxylate/atropine)

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;**