## OPTIMA HEALTH PLAN

## 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. If information provided is not complete, correct, or legible, authorization may be delayed.

**Drug Requested:** Egaten<sup>TM</sup> (triclabendazole)

**DRUG INFORMATION:** Authorization may be delayed if incomplete. Drug Form/Strength: Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_ Diagnosis: \_\_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_ **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. ☐ Member must be 6 years of age or older ☐ Provider must submit serologic test results confirming diagnosis of fascioliasis □ ECG monitoring has been conducted in patients with a history of QTc prolongation, history of symptoms compatible with a long QT interval, or who receive drugs that prolong the QT interval ☐ Chart notes confirming member's current weight must be submitted ☐ Maximum approved dose will be 2 doses (10mg/kg) taken 12 hours apart for 1 day Medication being provided by Specialty Pharmacy - PropriumRx Not all drugs may be covered under every Plan If a drug is non-formulary on a Plan, documentation of medical necessity will be required. \*\*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.\*

Prescriber Name: Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_ Office Contact Name: Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_ DEA OR NPI #:

Member Optima #: Date of Birth:

\*Approved by Pharmacy and Therapeutics Committee: 10/17/2019

REVISED/UPDATED: 11/15/2019

Patient Name: