SENTARA COMMUNITY PLAN
(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. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: (Check applicable drug below)

❑ **Lampit®** (nifurtimox) **tablets**	❑ **benznidazole tablets**

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

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

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

Weight: _____ **Date:** _____

Quantity Limits based on age and weight:

- **Lampit®:** Maximum of 10 to 20 mg/kg/day for those weighing 2.5 to < 40kg, and 8 to 10 mg/kg/day for those weighing ≥ 40kg, in 3 divided doses for 60 days
- **benznidazole:** Maximum of 5 to 8 mg/kg/day in 2 divided doses, administered every 12 hours for 60 days

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.

Approval Length: 60 Days

- ❑ For Lampit®: Member is < 18 years of age
- ❑ For benznidazole: Member is 2-12 years of age

(Continued on next page)

AND

- ❑ Medication is prescribed by an infectious disease specialist

AND

- ❑ Confirmation of Chagas disease was made through positive identification by microscopy or serological assay of Trypanosoma crusi **(*coverage excluded for other species of Trypanosoma*)(lab results must be submitted)**

AND

- ❑ For females of reproductive potential: Pregnancy has been evaluated prior to treatment, will be monitored during treatment, and contraception is made available due to potential for teratogenicity of these agents

AND

- ❑ Provider attests that monitoring of blood cell counts will be done at baseline and during therapy with nifurtimox (Lampit®) or benznidazole

AND

- ❑ For Lampit®: Provider attests hepatic and renal monitoring will be done at baseline and during therapy

Medication being provided by a Specialty Pharmacy - PropriumRx

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.*

***Approved by Pharmacy and Therapeutics Committee:** 1/21/2021
REVISED/UPDATED/REFORMATTED: ~~6/30/2021~~ **11/7/2023**