

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

**Drug Requested (Choose one from below):**

<input type="checkbox"/> <b>Albenza®</b> (albendazole)	<input type="checkbox"/> <b>Emverm®</b> (mebendazole)
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**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: \_\_\_\_\_

- {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:

CDC Recommendations for <b>Pinworm</b> Treatment	Dosage for Adults and Children
Pyrantel pamoate (preferred)	<ul style="list-style-type: none"> <li>• 11mg/kg base PO once; repeat in 2 weeks</li> </ul>
Mebendazole (non-preferred)	<ul style="list-style-type: none"> <li>• 100mg PO once; repeat in 2 weeks</li> </ul>
Albendazole (preferred)	<ul style="list-style-type: none"> <li>• For children <math>\geq 20</math>kg: 400mg PO once; repeat in 2 weeks</li> <li>• For children <math>&lt; 20</math>kg: 200mg PO once; repeat in 2 weeks</li> </ul>

(Continued on next page)

CDC Recommendations for <u>Hookworm</u> Treatment	Dosage for Adults and Children
Pyrantel pamoate (preferred)	<ul style="list-style-type: none"><li>• 11mg/kg (up to a maximum of 1gm) PO daily for 3 days</li></ul>
Mebendazole (non-preferred)	<ul style="list-style-type: none"><li>• 100mg PO BID for 3 days or 500mg orally once</li></ul>
Albendazole (preferred)	<ul style="list-style-type: none"><li>• 400mg PO once</li></ul>

**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.

- 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.

**AND**

- If requesting Emverm or brand Albenza, member must meet **ONE** of the following:
  - Member has trial and failure or an inadequate response to albendazole
  - Member has an intolerance, hypersensitivity or contraindication to albendazole

***\*\*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.\****