

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: (Check applicable drug below)

<input type="checkbox"/> Lampit® (nifurtimox) tablets	<input type="checkbox"/> benznidazole tablets
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DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

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

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

Weight: _____

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

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

(Continued on next page)

- ☐ 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

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.****

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

*Approved by Pharmacy and Therapeutics Committee: 1/21/2021

REVISED/UPDATED: 6/30/2021