

AvMed

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 1-305-671-0200.** 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)

<input type="checkbox"/> Lampit[®] (nifurtimox) tablets	<input type="checkbox"/> benznidazole tablets
---	--

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

Member Name: _____

Member AvMed #: _____ 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 \geq 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

(Continued on next page)

- 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

- 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.