

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

Drug Requested: Emverm[®] (mebendazole)

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: _____

CDC Recommendations: <u>Pinworm</u> Treatment	Dosage for Adults and Children
Pyrantel pamoate	11 mg/kg base PO once; repeat in 2 weeks
Mebendazole	100 mg PO once; repeat in 2 weeks
Albendazole	For children > 2: 400 mg PO once; repeat in 2 weeks For children ≤ 2: 200 mg PO once; repeat in 2 weeks
CDC Recommendations: <u>Hookworm</u> Treatment	Dosage for Adults and Children
Pyrantel pamoate	11 mg/kg (up to a maximum of 1 gm) PO daily for 3 days
Mebendazole	100 mg PO BID for 3 days or 500 mg once
Albendazole	For children aged 3 months to ≤ 2 years: 200 mg PO once For children > 2 years and adults: 400 mg PO once

(Continued on next page)

Quantity Limits:

- albendazole – 4 tablets per fill
- Emverm (mebendazole) – 2 tablets per fill

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.

Select ONE of the following indications for use below (if approved, authorization will be limited to date of service):

- For Pinworm infection, member has tried and failed **ONE** of the following:
 - At least 2 doses** of a pyrantel pamoate product - initial dose followed by second dose 2 weeks later (verified by chart notes or pharmacy paid claims)
 - CDC recommended dosage of albendazole (verified by chart notes or pharmacy paid claims)

OR

- For Hookworm infection, member has tried and failed **ONE** of the following:
 - At least 3 consecutive daily doses** of a pyrantel pamoate product (verified by chart notes or pharmacy paid claims)
 - CDC recommended dosage of albendazole (verified by chart notes or pharmacy paid claims)

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.****