



# TEXAS MEDICAID

## Clinical Edit Prior Authorization amikacin (ARIKAYCE)

### STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING

Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

### STEP 2: MEDICATION INFORMATION

Medication Requested (Name):	Quantity Requested:
Dose Requested:	Dosing Instructions:

Patient's Primary Diagnosis: \_\_\_\_\_ ICD 10 Code: \_\_\_\_\_

Indicate the drug's formulary status: \*(Formulary available at [www.txvendordrug.com](http://www.txvendordrug.com))

- Non-Preferred Drug (**NPD or NAP Status, Go to Step 3 - PDL PA Criteria Applies**)  
**OR**  Preferred Drug (**Go to Step 4**)  
**OR**  No Status, Drug is not in a Market Basket (**Go to Step 4**)  
**OR**  N/A as this request is for a CHIP / PERINATE client (**Go to Step 4**)

### STEP 3: PDL PRIOR AUTHORIZATION CRITERIA FOR NON-PREFERRED PRODUCT

- Has the client failed a 28-day treatment trial with at least 1 preferred agent in the last 180 days?  
 Yes (Go to Step 4, Question 1)  No (Go to #2)
- Is there a documented allergy or contraindication to preferred agents in this class?  
 Yes (Go to Step 4, Question 1)  No (Go to #3)
- Is the drug necessary for treatment of stage-4 advanced metastatic cancer and associated conditions?  
 Yes (Go to Step 4, Question 1)  No (Deny)



**STEP 4: COMPLETE REQUIRED CRITERIA**

1. Is the client greater than or equal to ( $\geq$ ) 18 years of age?

Yes (Go to #2)

No (Deny)

2. Does the client have a diagnosis of *Mycobacterium avium* complex (MAC) lung disease in the last 730 days?

Yes (Go to #3)

No (Deny)

3. Has the client had therapy with at least two (2) of the following drugs for at least 180 days in the last 365 days prior to requesting therapy with amikacin (ARIKAYCE)?

- azithromycin (ZITHROMAX)
- clarithromycin
- BAXDELA
- ciprofloxacin (CIPRO)
- isoniazid
- ethambutol hydrochloride
- levofloxacin
- moxifloxacin
- rifabutin (MYCOBUTIN)
- rifampin

Yes (Go to #4)

No (Deny)

4. Is amikacin (ARIKAYCE) being prescribed concurrently with at least two (2) of the following drugs?

- azithromycin (ZITHROMAX)
- clarithromycin
- BAXDELA
- ciprofloxacin (CIPRO)
- isoniazid
- ethambutol hydrochloride
- levofloxacin
- moxifloxacin
- rifabutin (MYCOBUTIN)
- rifampin

Yes (Approve – 365 days)

No (Deny)

**STEP 5: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: 855-668-8553**

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If criteria not met, submit chart documentation with form citing complex medical circumstances. For questions, please call Navitus Customer Care at 1-877-908-6023.