AMIDA CARE LIVE LIFE PLUS

PRIOR AUTHORIZATION REQUEST FOR MEDICAID MEMBERS
ATOVAQUONE (Mepron)

Please fax form to Amida Care: 1-646-786-0997

PRESCRIBER INFORMATION	MEMBER INFORMATION
Name:	Member Name:
NPI:	Amida Care ID #:
Address:	Address:
Office Phone #:	Member Phone #:
Office Fax #:	
Contact Person:	

Last CD4 Count: _____ Date of Collection for last CD4 Count: _____/_____/_____

** Please include hard copies of labs for the member's most recent VIRAL LOAD and CD4 COUNT Results with this prior authorization request. **

CLINICAL CRITERIA

1. Expected duration of therapy with atovaquone: _____ months.

2. Reason for requesting greater than 21 day supply of atovaquone:

A. PCP Prophylaxis

□ Patient cannot tolerate TMP-SMX.
Explain: _____
□ Patient cannot tolerate dapsone.
Explain: _____
□ Nebulized pentamidine cannot be used for PCP prophylaxis.
Explain:_____
□ Other:
_____
_____

B. Toxoplasmosis

□ Atovaquone is needed for toxoplasmosis treatment.
Explain:_____
□ Atovaquone is needed for toxoplasmosis prophylaxis.
Explain: _____

Note: Additional documentation may be required in some situations

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Prior to making a coverage determination we would like to speak to the requesting prescriber by telephone in order to collect some additional information that might help us as we try to manage this therapy in the most efficient way possible. Please call 646-757-7979, M-F, 9 – 6 PM. You may also provide us with your contact information and the best time to reach you in the space designated at the top of this document.

_____ _____

Prescriber or Authorized Signature Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions. The submitting provider certifies that the information provided is true, accurate, and complete and the requested services are medically indicated and necessary to the health of the patient.