AmeriHealth

Prior Authorization Form

Anti-Infective Agents

ONLY COMPLETED REQUESTS WILL BE REVIEWED

Drug Requested: *(check one)* ☐ **Zmax®** ☐ **Zyvox®** ☐ **Noxafil®** ☐ **Oracea®** ☐ **Nutridox®** ☐ **Avidoxy®**

Date: _____ Patient ID#: _____ DOB: _____

Patient Name: _____ Provider NPI: _____

Prescribing Physician: _____ Office Contact: _____

Office Fax #: _____ Office Phone: _____

ONLY COMPLETED REQUESTS WILL BE REVIEWED

1. PROVIDER SPECIALTY (specify all) _____

2. DIAGNOSIS FOR DRUG REQUESTED (request will not be processed without diagnosis)

- ☐ Vancomycin-resistant Enterococcus faecium (VRE) infection
- ☐ Methicillin-resistant Staphylococcus aureus (MRSA) infection
- ☐ Prophylaxis of invasive Aspergillus and Candida infections
- ☐ Treatment of invasive Aspergillus and Candida infections
- ☐ Oropharyngeal candidiasis ☐ Rosacea
- ☐ Other (specify) _____

3. MEDICATION HISTORY (Please list any previous or current therapy related to the diagnosis, using drug names and dates)

☐ **N/A** If none or not applicable to diagnosis, indicate "N/A."

Drug Name	Date	Duration

4. PATIENT HISTORY:

a. Is the patient severely immunocompromised? (**Noxafil Only**) ☐ Yes ☐ No

(Please state the underlying diagnosis) _____

b. Did the patient obtain an ID consultation? **(Zyvox Only)** ☐ Yes ☐ No

ID specialist's name _____ Date of the consultation _____

(must be within the last 60 days)

c. Does the patient have a clinical need for an eye compress system? (**Nutridox only**) ☐ Yes ☐ No

Please add any other supporting medical information that may be useful in the decision-making process:

_____

_____

_____

_____

FAX TO (888) 671-5285. YOUR OFFICE WILL RECEIVE A RESPONSE VIA FAX OR MAIL.

Internal use only **Coverage effective date / /**

Document #_____ Processor Initials_____ Date_____

M F Rx coverage Y N STANDARD - SELECT LOB_____

Previous Auth Y N **Approved** **Reviewer Initials**_____ Date_____

AmeriHealth HMO, Inc. • AmeriHealth Insurance Company of New Jersey• QCC Insurance Company d/b/a AmeriHealth Insurance Company