# OPTIMA HEALTH PLAN

## PHARMACY PANCREATIC ENZYME UTILIZATION CRITERIA FOR CYSTIC FIBROSIS

**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 **1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay authorization process.*

***DRUG INFORMATION: ALL information below MUST be completed or authorization process will be delayed.***

**Drug Name/Form:** ______________________________________________

**Strength:** ______________________________ **Length of Therapy**: ____________________

**Dosing Schedule**: ______________________________ **Quantity caps / day**: ____________________

**Diagnosis:** ______________________________ ***ICD Code, if applicable*:** ____________________

**Current Weight in kg**: ______________________________ **Tube Feed**: ❑ Yes ❑ No

- **Dosing should not exceed the recommended maximum dosages as noted below.**

***CLINICAL CRITERIA: Check below that applies or authorization process will be delayed.***

***The dose of lipase that you are requesting for your patient may put them at an increased risk of developing adverse drug reactions.***

- ***Optima Health supports the Cystic Fibrosis Foundation Consensus Conference Guidelines for pancreatic enzyme replacement.***

❑ ***Infants (up to 12 months)***
- Infants may be given 2,000 to 4,000 lipase units per 120ml of formula or per breast feeding.

❑ ***Children Older than 12 months and Younger than 4 Years***
- Begin with 1,000 lipase units per kg of body weight per meal to a maximum of 2,500 lipase units per kg of body weight per meal (or less than or equal to 10,000 lipase units per kg of body weight per day), or less than 4,000 lipase units per gram of fat ingested per day.

❑ ***Children 4 Years and Older***
- Begin with 500 lipase units per kg of body weight per meal for those older than 4 years to a maximum of 2,500 lipase units per kg of body weight per meal (or less than or equal to 10,000 lipase units per kg of body weight per day), or less than 4,000 lipase units per gram of fat ingested per day.

****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.****

Patient Name: ______________________________________________

Member Optima #: ______________________________ Date of Birth: ____________________

Prescriber Name: ______________________________________________

Prescriber Signature: ______________________________ Date: ____________________

Office Contact Name: ______________________________________________

Phone Number: ______________________________ Fax Number: ____________________

**DEA OR NPI #:** ______________________________________________

Pharmacy Name: ______________________________ Pharmacy Tel #: ____________________

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[1] Pharmacotherapy 2007; 27(6): 910-920. [2] N Engl J Med 1997; 336: 1283-1289. [3] The Lancet 1994; 343(8889):85-6.