

AvMed

MEDICAL 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 1-877-535-1391**. 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 can be delayed.**

For Medicare Members: Medicare Coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Drug Requested: Xacduro[®] (sulbactam; durlobactam) (J3490) **MEDICAL**

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: _____

- Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

Dose of sulbactam and durlobactam (g)	Estimated CrCl (mL/min)	Frequency
Sulbactam 1 g and durlobactam 1 g	≥ 130	Every 4 hours
	45 to 129	Every 6 hours
	30 to 44	Every 8 hours
	15 to 29	Every 12 hours
	< 15*	For patients initiating Xacduro: Every 12 hours for the first 3 doses (0, 12, and 24 hours), followed by every 24 hours after the third dose* For patients currently receiving Xacduro whose CrCl declines to < 15 mL/min: Every 24 hours

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.

Diagnosis: Hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia (HABP/VABP), caused by susceptible isolates of Acinetobacter baumannii-calcoaceticus complex

Length of Authorization: Date of Service (7 days)

New Start

- Member is 18 years of age or older
- Prescribed by an infectious disease specialist
- Member has **ONE** of the following diagnoses:
 - Ventilator-associated bacterial pneumonia (VABP)
 - Hospital-acquired bacterial pneumonia (HABP)
 - Ventilated pneumonia (VP)
- Provider must submit date that requested medication was started inpatient: _____
- Provider has submitted lab cultures from current hospital admission or office visit collected within the last 7 days
- Lab cultures must show that bacteria is Acinetobacter baumannii-calcoaceticus complex (ABC)
- Lab cultures must show that bacteria is Carbapenem resistant Acinetobacter baumannii-calcoaceticus (CRAB)
- Provider must submit chart notes documenting trial and failure of high-dose ampicillin-sulbactam at a total daily dose of 6-9 grams of the sulbactam component in combination with at least **ONE** other antibiotic for CRAB infection (e.g., polymyxin B sulfate, imipenem-cilastin, minocycline, tigecycline, or Fetroja) within the last 14 days of prior authorization request date
- Cultures (retrieved from most recent office visit or current inpatient admission collected within the last 7 days) must show failure of high-dose ampicillin-sulbactam antibiotic given within the last 30 days

Diagnosis: Hospital-acquired bacterial pneumonia and ventilator-associated bacterial pneumonia (HABP/VABP), caused by susceptible isolates of Acinetobacter baumannii-calcoaceticus complex

Length of Authorization: Date of Service

Continuation of therapy following inpatient administration

- Member is currently on Xacduro for more than 72 hours inpatient (**progress notes must be submitted**)
- Provider has submitted lab culture sensitivity results retrieved during inpatient admission which shows resistance to **ALL** preferred antibiotics except for Xacduro (sensitive)

Medication being provided by: Please check applicable box below.

- Location/site of drug administration: _____
NPI or DEA # of administering location: _____

OR

- Specialty Pharmacy – Proprium Rx

For urgent reviews: Practitioner should call AvMed Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. AvMed's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

*****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.****