VIRGINIA MEDICAID REQUEST FOR KETEK SERVICE AUTHORIZATION

COMMONWEALTH of VIRGINIA
Department of Medical Assistance Services

Requests for service authorization (SA) must include patient name, Medicaid ID#, and drug name. Appropriate clinical information to support the request based on medical necessity must be submitted. **SUBMISSION OF DOCUMENTATION DOES NOT GUARANTEE COVERAGE BY THE DEPARTMENT OF MEDICAL ASSISTANCE SERVICES. FINAL COVERAGE DECISIONS MAY BE AFFECTED BY SPECIFIC MEDICAID LIMITATIONS.**

The SA request may be **FAXED TO 800-932-6651, PHONED TO 800-932-6648**,
MAILED TO: Provider Synergies, an affiliate of Magellan Medicaid Administration / 4300 Cox Road / Glen Allen, VA 23060 /
ATTN: MAP, or completed **ONLINE (Web PA) AT:** http://www.virginiamedicaidpharmacyservices.com

All questions must be answered. By signing this request, the physician accepts understanding of the contraindications and warnings with the use of Ketek and acknowledges that the benefits of the drug outweigh the possible risks.

PATIENT INFORMATION	
Patient's Name:	Patient's Diagnosis:
Patient's Medicaid ID#: (12 digits)	Patient's Date of Birth: Patient's Age:
DRUG INFORMATION	
Drug Name, Dosage Form & Strength:	Quantity Per Day:
Is KETEK is being used for the treatment of community-acquired pneumonia (of mild to moderate severity) Yes No	
Is the microorganism being treated one of the following? Yes No If yes which one, _____ *Streptococcus pneumoniae*, *Haemophilus influenzae, Moraxella catarrhalis, Chlamydophila pneumoniae*, or *Mycoplasma pneumoniae*.	
Is there any reason the patient cannot be changed to a medication not requiring prior approval? Yes No If yes, please explain:	
Contraindications • KETEK is contraindicated in patients with myasthenia gravis. Exacerbations of myasthenia gravis have been reported in patients and sometimes occurred within a few hours of the first dose of KETEK. Reports have included fatal and life threatening acute respiratory failure with a rapid onset and progression. • KETEK is contraindicated in patients with previous history of hepatitis and/or jaundice associated with the use of KETEK tablets, or any macrolide antibiotic. • KETEK is contraindicated in patients with a history of hypersensitivity to telithromycin and/or any components of KETEK tablets, or any macrolide antibiotic. • Concomitant administration of KETEK with cisapride or pimozide is contraindicated.	
Warnings Possible: Hepatotoxicity; prolongation of the QTc interval that may lead to an increased risk for ventricular arrhythmias, including torsades de pointes; Visual disturbances particularly in slowing the ability to accommodate and the ability to release accommodation. Visual disturbances included blurred vision, difficulty focusing, and diplopia. Loss of consciousness has been reported in post-marketing adverse event reports of transient loss of consciousness including some cases associated with vagal syndrome.	
PHYSICIAN INFORMATION	
Physician's Name (print):	Today's Date:
Physician's Signature: *By signing this request, I understand the contraindications and warnings concerning the use of Ketek and acknowledge that the benefits of using the drug outweigh the possible risks.*	Phone #: ( )
Physician's National Provider ID #:	Fax #: ( )
PLEASE INCLUDE ALL REQUESTED INFORMATION **INCOMPLETE FORMS WILL DELAY THE SERVICE AUTHORIZATION PROCESS**	

FAX TO 800-932-6651

SERVICE AUTHORIZATION CRITERIA IS SUBJECT TO CHANGE AND THUS DRUG COVERAGE

A copy of the SA form is available at **http://www.virginiamedicaidpharmacyservices.com**