|  |  |  |  |
| --- | --- | --- | --- |
| **Criteria Title** | IV Lock Therapy | | |
| **Criteria Subtitle** | Ablysinol (dehydrated alcohol) | | |
| **Approval Level** | GCNSeqNo | | |
| **Products**   |  |  | | --- | --- | | Preferred |  | | Non-Preferred |  | | Brand |  | | Generic |  | | Other |  | | Drug Name | Corresponding Code(s) | Type of Code (GCNSeqNo, HICL, NDC) |
| ABLYSINOL | 078608 | GCNSeqNo |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sequence Number** | **Question ID** | **Default Next Question ID** | **Question Type** | **Question Text** | **Choice Text** | **Next Question ID** |
| 1 | 0999 |  | Select | Is the patient new to therapy (initial authorization request) or continuing therapy (re-authorization request)? | New Start (initial authorization request) | 1000 |
| Continuation (re-authorization request) | 2000 |
| 2 | 1000 |  | Select | Is this request being prescribed in accordance with Food and Drug Administration (FDA) approved labeling? | Y | 1001 |
| N | 1235 |
| 3 | 1001 |  | Select | Does the patient have a history of catheter-related bloodstream infections caused by drug resistant pathogens for which there is not a suitable antibiotic lock agent (e.g., fungal)? | Y | 1002 |
| N | 1235 |
| 4 | 1002 |  | Select | Is replacement of the catheter feasible? | Y | 1235 |
| N | 1003 |
| 5 | 1003 |  | Select | Is the patient total parenteral nutrition (TPN) dependent or on myelosuppressive chemotherapy? | Y | 1004 |
| N | 1235 |
| 6 | 1004 |  | Select | Will the pharmacy prepare prefilled syringes of Ablysinol diluted to 70 percent? | Y | END (Pending Manual Review) |
| N | 1235 |
| 7 | 2000 |  | Select and Free Text | Has the provider submitted documentation of clinical response (i.e., absence of recurrence of catheter-related bloodstream infection (CRBSI) or clearing of established infection)?  If yes, please provide documentation. | Y | 2001 |
| N | 1235 |
| 8 | 2001 |  | Select | Is the patient total parenteral nutrition (TPN) dependent or on myelosuppressive chemotherapy? | Y | 2002 |
| N | 1235 |
| 9 | 2002 |  | Select | Will the pharmacy prepare prefilled syringes of Ablysinol diluted to 70 percent? | Y | END (Pending Manual Review) |
| N | 1235 |
| 10 | 1235 |  | Free Text | Please provide the rationale for the medication being requested. | END (Pending Manual Review) | |

LENGTH OF AUTHORIZATIONS: 365 Days

|  |  |
| --- | --- |
| **Last Approved** | 4/10/2023 |
| **Other** |  |