OPTIMA FAMILY CARE MEDALLION 4.0

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

Drug Requested: ***(please check applicable box below)*** ***(MEDICAID)***

Phosphodiesterase 5 Inhibitors (PDE-5)

❑ **Adcirca®** ***(preferred)***	❑ **sildenafil tab** ***(preferred)***
❑ **Revatio®** (tab/sus/injection) ***(non-preferred)***	

DRUG INFORMATON: ***Complete all information below or authorization process will be delayed.***

Drug Name/Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ ***ICD Code, if applicable:*** _____

CLINICAL CRITERIA: ***The following criteria must be met. Chart notes MUST be included to ensure the authorization process will NOT be delayed.***

❑ **Prescriber is**: ❑ **Pulmonologist** **OR** ❑ **Cardiologist**

AND

❑ Clinical diagnosis of pulmonary arterial hypertension

AND

❑ Member is > 18 years

AND

❑ Trial and failure of sildenafil and Adcirca® ***if requesting*** Revatio® tablets

❑ Trial and failure of oral Revatio® ***in requesting*** injectable Revatio®

❑ Clinical rationale for ***NOT*** taking oral Revatio® in requesting authorization for injectable Revatio ***(Attach chart notes/medical notes)***

_____

_____

Medication being provided by a Specialty Pharmacy - PropriumRx

****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 #: _____

REVISED/UPDATED: 7/1/2018