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 form will delay authorization process.***

Drug Requested: Gocovri™ (amantadine) **Extended Release** ***(Medicaid)***

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

Drug Form/Strength: _____

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

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

Quantity Limit: ***68.5mg = 34 capsules/34 days; 137mg = 68 capsules/34 days***

CLINICAL CRITERIA: ***To receive a ONE (1) year approval for this drug, ALL boxes MUST be checked to qualify or authorization process may be delayed. Chart notes MUST be submitted with this request.***

1. Does member have dyskinesia associated with Parkinson's disease? ❑ Yes ❑ No
2. Is member 18 ≥ years of age? ❑ Yes ❑ No
3. Is member on concomitant levodopa-based therapy? ❑ Yes ❑ No
4. Has member had an adequate trail of or is intolerant to amantadine immediate-release? ❑ Yes ❑ No
5. Member does ***NOT*** have end-stage renal disease ***(creatinine clearance < 15 mL/min/1.73 m^2)***? ❑ Yes ❑ No
6. Member will ***NOT*** receive live vaccines during treatment ***(inactivated vaccines may be utilized)***? ❑ Yes ❑ No

*****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 #: _____

***Approved by Pharmacy and Therapeutics Committee**: 2/15/2018
REVISED/UPDATED: 7/1/2018