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: *Topical Acne Drugs - Dermatologic* *(MEDICAID)*
(Non-Preferred and/or 18 Years of Age or Older)

DRUG INFORMATION: ***Complete information below. If incomplete, authorization process will be delayed.***

Drug Name/Form: ______________________________ **Strength:** ______________

Dosing Schedule: ______________________________ **Length of Therapy:** ______________

Diagnosis: ______________________________ ***ICD Code, if applicable*:** ______________

Prior authorization for a cosmetic indication cannot be approved.

CLINICAL CRITERIA: ***The following criteria MUST be met or authorization process will be delayed.***

- Is member 18 years of age or older? ***(PA is required to evaluate treatment diagnosis)*** ❑ Yes ❑ No

  AND

- For ***Non-Preferred*** drugs, member has tried and failed ***at least two (2) Preferred*** drugs. ❑ Yes ❑ No
  List previous medications below ***(including name of drug and dose)***:

  ____

  ____

  ____

  AND

- Drugs are intended for ***ACNE ONLY*.**

****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