

# 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:** Ulesfia™ Lotion (benzyl alcohol)

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

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Hair Length		Amount of Ulesfia Lotion per Application		Recommended Number of Bottles per Application	Total Number of Bottles for Complete Treatment
Short	0-2 inches	4-6 oz.	1/2 - 3/4 bottle	1	2
	2-4 inches	6-8 oz.	3/4 - 1 bottle	1	2
Medium	4-8 inches	8-12 oz.	1- 1 1/2 bottles	1.5	3
	8-16 inches	12-24 oz.	1 1/2- 3 bottles	3	6
Long	16-22 inches	24 - 32 oz.	3- 4 bottles	4	8
	Over 22 inches	32-48 oz.	4- 6 bottles	6	12

**CLINICAL CRITERIA:** ALL boxes **must** be checked to qualify or authorization process will be delayed.

- Patient has tried and failed a complete course (*administration and re-administration after 7 days*) of one (1) formulary OTC Permethrin 1% product (**\*\*Family Care patients must have paid pharmacy claim for a Permethrin 1% product\*\***)

**AND**

- Patient has tried and failed generic Ovide lotion (malathion)

**\*\*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 #: \_\_\_\_\_