

**OPTIMA HEALTH COMMUNITY CARE
AND
OPTIMA FAMILY CARE
(MEDICAID)**

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: <u>Oral Hypoglycemics with Metformin Step Edit</u>	
Applicable box(es) below <u>MUST</u> be checked to qualify to ensure authorization will <u>NOT</u> be delayed.	
PREFERRED	Non-Preferred
Alpha-Glucosidase Inhibitors	
<input type="checkbox"/> Acarbose	<input type="checkbox"/> Glyset <input type="checkbox"/> Miglitol (generic Glyset) <input type="checkbox"/> Precose
DPP-IV Inhibitors and Combination	
<input type="checkbox"/> Janumet <input type="checkbox"/> Janumet XR <input type="checkbox"/> Januvia <input type="checkbox"/> Jentadueto <input type="checkbox"/> Tradjenta	<input type="checkbox"/> Alogliptin (generic Nesina) <input type="checkbox"/> Alogliptin/pioglitazone (generic Oseni) <input type="checkbox"/> Alogliptin/metformin (generic Kazano) <input type="checkbox"/> Jentadueto XR <input type="checkbox"/> Kazano <input type="checkbox"/> Kombiglyze XR <input type="checkbox"/> Nesina <input type="checkbox"/> Onglyza <input type="checkbox"/> Oseni
Meglitinides	
<input type="checkbox"/> Repaglinide <input type="checkbox"/> Nateglinide	<input type="checkbox"/> Prandin <input type="checkbox"/> PrandiMet <input type="checkbox"/> Repaglinide/metformin <input type="checkbox"/> Starlix
Second Generation Sulfonylureas	
<input type="checkbox"/> Glimepiride <input type="checkbox"/> Glipizide <input type="checkbox"/> Glipizide ER <input type="checkbox"/> Glyburide <input type="checkbox"/> Glyburide micronized	<input type="checkbox"/> Amaryl <input type="checkbox"/> Diabeta <input type="checkbox"/> Glucotrol <input type="checkbox"/> Glucotrol XL <input type="checkbox"/> Glynase
Thiazolidinediones	
<input type="checkbox"/> Pioglitazone	<input type="checkbox"/> Avandia <input type="checkbox"/> Actoplus Metformin IR & XR <input type="checkbox"/> Actos <input type="checkbox"/> Avandaryl <input type="checkbox"/> Avandamet <input type="checkbox"/> Duetact <input type="checkbox"/> Pioglitazone/metformin <input type="checkbox"/> Pioglitazone/glimepiride

(continued on next page)

Drug Information: Complete information below to qualify or authorization process will be delayed.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Clinical/Step-Edit Criteria for ALL Preferred and Non-Preferred Oral Hypoglycemics.
Boxes **must** be checked to qualify to ensure authorization will **NOT** be delayed.

Patient is a **newly diagnosed** Type II Diabetic: Yes **OR** NO

AND

If **YES**, the following criteria must be met. Please complete the following information to qualify.

HgbA1c: _____ **AND** Date _____

<input type="checkbox"/> Patient has a Hemoglobin A1c <9%	<input type="checkbox"/> Patient has a Hemoglobin A1C ≥ 9%
<input type="checkbox"/> Patient has tried and failed at least 90 days of therapy with metformin unless contraindicated*	<input type="checkbox"/> Patient is on metformin unless contraindicated* plus a second agent (e.g., DPP-IV, SGLT2, GLP-1 receptor agonists, TZDs, sulfonylureas)

***Contraindications include:**

- Severe renal impairment (eGFR below 30ml/min/1.73m²)
- Known hypersensitivity
- Acute or chronic metabolic acidosis including diabetic ketoacidosis

****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: 6/11/2018; 8/28/2018