

**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: Symfi Lo™ (efavirenz, lamivudine and tenofovir disoproxil fumarate)

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:** _____

CLINICAL CRITERIA: **ALL** boxes **must** be checked to qualify to ensure authorization process will **NOT** be delayed. **Authorization approval:** 1 year.

1) Does member have a diagnosis of HIV? Yes No

AND

2) Does member weigh ≥ 35 kg? Yes No

AND

3) Member will be tested for hepatitis B infection prior to initiation of therapy. Yes No

AND

4) Does member have a creatinine clearance (CrCl) ≥ 50 mL/min within the last 30 days? Yes No

AND

5) Member does **NOT** have moderate to severe hepatic impairment (Child Pugh B or C). Yes No

AND

6) Member is **NOT** on other antiretroviral treatment (ART) medications. Yes No

AND

7) Member is **NOT** on concurrent elbasvir and/or grazoprevir. Yes No

(Continued on next page; signature page **MUST** be attached to this request.)

(Signature page **MUST** be included with this request.)

****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~~; 8/30/2018