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: **Absorica**® (isotretinoin)

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

Drug Form/Strength: _____

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

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

CLINICAL CRITERIA: **ALL** appropriate boxes **must** be checked to qualify or authorization process will be delayed. Chart notes **MUST** be attached documenting failure or adverse effects**.**

- ❑ Patient is at least 12 years old and has a diagnosis of severe recalcitrant nodular acne
- ❑ Patient has failed or experienced a clinically significant adverse effect with **one (1)** ***of*** the following prerequisite medications:

❑ Claravis™ (isotretinoin)	❑ Amnesteem® (isotretinoin)
❑ Zenatane™ (isotretinoin)	❑ Myorisan™ (isotretinoin)

****NOTE:**** A single course of therapy for 15 to 20 weeks has been shown to result in complete and prolonged remission of disease in many patients. If a second course of therapy is needed, it should not be initiated until at least 8 weeks after completion of the first course because patients may continue to improve following discontinuation of treatment.

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:** 8/20/2015
REVISED/UPDATED: ~~10/23/2015~~; ~~12/22/2015~~; ~~12/29/2016~~; ~~8/8/2017~~; ~~8/26/2017~~; **8/14/2018**