



**Medication being provided by a Specialty Pharmacy - PropriumRx**

*\*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: 6/30/2017; 8/28/2017; 8/15/2018