

**OPTIMA HEALTH COMMUNITY CARE  
AND  
OPTMA 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:     **Topical Acne Drugs - Dermatologic**  
**(Non-Preferred and/or 18 Years of Age or Older)****

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

**Drug Name/Form/Strength:** \_\_\_\_\_

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

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

**Prior authorization for a cosmetic indication cannot be approved.**

**CLINICAL CRITERIA:** The following criteria **MUST** be met to ensure authorization will **NOT** be delayed.

- Is member 18 years of age or older? (**PA is required to evaluate treatment diagnosis**)    Yes    No

**AND**

- For **Non-Preferred** drugs, member has tried and failed at least **two (2) Preferred** drugs.    Yes    No  
List previous medications below (**including name of drug and dose**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AND**

- Drugs are intended for **ACNE ONLY**.

(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: 7/6/2017; 8/23/2017; 9/1/2017; 12/26/2017; 8/31/2018.