

# OPTIMA HEALTH COMMUNITY CARE

## 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 1-800-319-5003. 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:** Gocovri™ (amantadine) Extended Release (*Medicaid*)

**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: \_\_\_\_\_

**Quantity Limit:** 68.5mg = 34 capsules/34 days; 137 mg = 68 capsules/34 days

**CLINICAL CRITERIA:** To receive a ONE (1) year approval for this drug, **ALL** boxes **MUST** be checked to qualify or authorization process may be delayed. Chart notes **MUST** be submitted with this request.

1. Does member have dyskinesia associated with Parkinson's disease?  Yes  No
2. Is member 18 ≥ years of age?  Yes  No
3. Is member on concomitant levodopa-based therapy?  Yes  No
4. Has member had an adequate trial of or is intolerant to amantadine immediate-release?  Yes  No
5. Member does **NOT** have end-stage renal disease (creatinine clearance < 15 mL/min/1.73 m<sup>2</sup>)?  Yes  No
6. Member will **NOT** receive live vaccines during treatment (inactivated vaccines may be utilized)?  Yes  No

**\*\*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: 2/15/2018

REVISED/UPDATED: 6/21/2018