

OPTIMA HEALTH PLAN

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 (Please select one):

Edarbi® (azilsartan)

Edarbyclor® (azilsartan and chlorthalidone)

DRUG INFORMATION: Complete information below. If incomplete, authorization process will be delayed.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

- **Member will be required to try the prior-therapy drug for a time period of 30 days before moving to the requested step-edit drug.**

CLINICAL CRITERIA: Boxes **MUST** be checked below to qualify or authorization process will be delayed.

- Patient has tried and failed therapy with **at least one (1)** of the following:

<input type="checkbox"/> amlodipine valsartan	<input type="checkbox"/> amlodipine valsartan HCTZ	<input type="checkbox"/> losartan
<input type="checkbox"/> losartan HCTZ	<input type="checkbox"/> irbesartan	<input type="checkbox"/> irbesartan HCTZ
<input type="checkbox"/> valsartan	<input type="checkbox"/> valsartan HCTZ	<input type="checkbox"/> eprosartan
<input type="checkbox"/> candesartan	<input type="checkbox"/> candesartan HCTZ	<input type="checkbox"/> telmisartan
<input type="checkbox"/> telmisartan HCTZ	<input type="checkbox"/> telmisartan amlodipine	

****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 on: 11/19/2012

*REVISED/UPDATED: 4/10/2013; 8/4/14; 8/5/2014; 10/30/2014; 5/21/2015; 12/27/2015; 4/19/2016; 12/16/2016; 9/19/2017.