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 Category: ***MIGRAINE ABORTIVE DRUGS***

***Drug Requested** (select one below):*

❑ almotriptan (generic **Axert**®)	❑ frovatriptan (generic **Frova**®)

DRUG INFORMATION: Complete information below. Authorization process will be delayed if incomplete.

Drug Name/Form/Strength: ______________________________

Dosing Schedule: ______________________ **Length of Therapy**: ______________

Diagnosis: ______________________ ***ICD Code, if applicable***: ______________

CLINICAL CRITERIA. At least ONE of the following criteria MUST be met or authorization process will be delayed.

❑ Patient has tried and failed therapy with **at least two (2)** of the following triptans:

❑ sumatriptan	❑ rizatriptan
❑ naratriptan	❑ zolmitriptan

*****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:** 11/19/2009
UPDATED/REVISED: ~~11/18/2010; 5/11/2011; 6/29/2011; 8/18/2011; 9/15/2011; 10/31/2011, 11/7/2012,, 3/14/2013, 7/29/2013; 11/21/2013;1/162014; 2/6/2014; 4/4/2014 ; 4/17/2014; 5/15/2014; 5/28/2014; 8/18/2014; 9/5/2014; 9/26/2014; 9/29/2014; 10/30/2014; 5/21/2015; 12/27/2015; 4/29/2016; 6//16/2016; 8/22/2016;; 10/3/2016; 12/19/2016; 1/19/2017;~~ **9/21/2017**;