OPTIMA HEALTH PLAN

PHARMACY STEP-EDIT AUTHORIZATION 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: **MuGard**® (oral mucoadhesive) (Step Edit)

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

Drug Form/Strength: ____________________

Dosing Schedule: ____________________ **Length of Therapy:** ____________________

Diagnosis: ____________________ ***ICD Code, if applicable:*** ____________

RECOMMENDED USE: ***4-6 times a day for management of oral mucositis/stomatitis.***

CLINICAL CRITERIA: ALL boxes MUST be checked to qualify. ALL chart notes and lab results MUST be attached to request. Incomplete documentation will delay authorization process.

- ❑ Has the member tried and failed (***paid claims will be documented***):
  - ❑ Oramagic Plus for at least 30 days?

    AND
  - ❑ Magic Mouthwash for at least 30 days?

***MAX dose of MuGard*:** **1 bottle (8 fluid ounces/240 mL) per fill**

Medication being provided by a Specialty Pharmacy: ❑ **Briova SpecialtyRx**

*****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**: 8/20/2015
REVISED/UPDATED: ~~9/30/2015~~; ~~12/22/2015~~; ~~8/11/2016~~; ~~9/22/2016~~; ~~11/29/2016~~; ~~12/13/2016~~; ~~9/15/2017~~; **10/7/2017**;