OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDITREQUEST*

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: ***Nasal Corticosteroids***

- ❑ **mometasone furoate** (generic for Nasonex®)

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:*** ______________________

CLINICAL CRITERIA: ALL boxes must be checked to qualify or authorization process will be delayed.

- ❑ Patient has tried and failed therapy with prescription fluticasone propionate nasal spray (generic Flonase®)

AND

- ❑ Patient has tried and failed therapy with OTC budesonide nasal spray (generic of OTC Rhinocort Allergy® Spray)

*****Please Note: Exception to prerequisite medication trial may ONLY be made based on the FDA-approved age indication for that prerequisite medication.***

*****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:** 10/21/2010

REVISED/UPDATED: ~~6/6/2011; 9/9/2011; 10/25/2011; 3/20/2014; 10/16/2014; 10/28/2014; 11/6/2014; 12/30/2014; 4/22/2015; 5/22/2015; 12/29/2015; 10/20/2016; 11/17/2016;~~ 12/12/2016; ~~2/9/2017;~~ **9/22/2017**;