

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: **Nuplazid®** (pimavanserin)

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

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Maximum Allowable Daily Dose = 2 tablets/day

CLINICAL CRITERIA: **ALL** boxes below **MUST** be checked to qualify or authorization process will be delayed. For continuation of therapy, chart notes **MUST** be attached documenting improvement in symptoms.

Initial Approval Criteria

Approval will be for three (3) months

- Patient has a diagnosis of Parkinson's disease psychosis
AND
- Psychotic symptoms have been present for at least one month
AND
- Psychosis is not due to another cause
AND
- Patient does not have a history of cardiac arrhythmias or QT prolongation, and the patient does not use another medication concomitantly that prolongs the QT interval

Continuation of Therapy Criteria

Approval will be for one (1) year

- Psychosis symptoms are reduced
AND
- Patient does not have a history of cardiac arrhythmias or QT prolongation and the patient does not use another medication concomitantly that prolongs the QT interval

****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 #: _____