

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: (PPI Drugs)

- esomeprazole 40mg capsules (generic Nexium®)

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

- Patient has tried and failed **four (4) generic PPIs** from the Optima Drug List:

<input type="checkbox"/> omeprazole 40mg	<input type="checkbox"/> pantoprazole 20mg, 40mg
<input type="checkbox"/> lansoprazole 30mg	<input type="checkbox"/> rabeprazole 20mg
<input type="checkbox"/> Other _____	

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

****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 #: _____

*REVISED/UPDATED: 10/26/2010; 6/2/2011; 6/14/2011; 6/16/2011; 9/16/2011; 10/5/2011; 10/25/2011; 2/16/2012; 2/29/2012; 7/1/2012; 8/16/2012; 7/13/2013; 3/20/2014; 11/20/2014; 12/30/2014; 5/22/2015; 6/18/2015; 11/19/2015; 12/28/2015; 2/9/2016; 3/22/2016; 3/30/2016; 6/22/2016; 10/1/2016; 12/19/2016; 1/19/2017; 9/22/2017.