

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: **Relistor®** (methylnaltrexone bromide)

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: _____

CLINICAL CRITERIA: All boxes below must be checked to qualify or authorization process will be delayed. Chart notes or OTC claims must be attached to this request.

- Diagnosis: opioid induced constipation
- Diagnosis: other _____
- Does member have Pharmacy Paid claims within the last 6 months documenting stable opioid regimen
- Member has failed at least three (3) laxative therapies:

<input type="checkbox"/> senna	<input type="checkbox"/> bisacodyl	<input type="checkbox"/> polyethylene glycol	<input type="checkbox"/> phospho-soda enema	<input type="checkbox"/> Other _____
--------------------------------	------------------------------------	--	---	--------------------------------------

AND

- Member has tried and failed lactulose within the last 4 months.

****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: 10/15/2015

REVISED/UPDATED: 10/29/2015; 12/22/2015; 11/14/2016; 12/19/2016; 1/19/2017; 9/22/2017