# 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** (*select one*): ***Statins***

| | |
|---|---|
| ❑ **Livalo®** (pitavastatin) | ❑ **Simcor®** (simvastatin/niacin) |
| ❑ **Lescol®** (fluvastatin) | ❑ **Vytorin®** (simvastatin/ ezetimibe) |

***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 *must* be checked to qualify or authorization process will be delayed.**

❑ Patient failed to reach LDL-cholesterol goals with a trial of pravastatin, atorvastatin, rosuvastatin or simvastatin for ***30 days***.

❑ ***Patient initiated therapy while covered under another insurance plan and recently converted to Sentara/Optima coverage (subject to verification by Sentara/Optima).***

*****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 Therapeutic Committee:**
**REVISED/UPDATED:** ~~1/20/11; 3/30/2011; 6/14/2011; 8/22/2011; 9/13/2011; 12/1/2011; 7/2/2012; 7/17/2012; 8/17/2012; 10/11/2012; 10/17/2013; 11/20/2013; 11/6/2014; 5/22/2015; 12/23/2015; 12/20/2016;~~ **9/23/2017**