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 ***(please select one)***: ***Topical Corticosteroids***

❒ clobetasol 0.05% spray (generic **Clobex**®)	❒ flurandrenolide 0.05% cream, lotion (generic **Cordran**®)	❒ triamcinolone aer spray (generic **Kenalog**®)
❒ calcipotriene-betamethasone dipropionate 0.005-0.064% ointment (generic **Taclonex**®)		❒ **Trianex**® (triamcinolone 0.05% ointment)

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*: *The following criteria must be met to qualify or authorization process will be delayed.

❑ Trial and failure of ***at least two (2)*** of the following ***generic*** topicals:

❒ alclometasone dipropionate	❒ desonide	❒ HC butyrate
❒ amcinonide	❒ desoximetasone	❒ HC valerate
❒ augmented betamethasone	❒ diflorasone	❒ hydrocortisone (2.5%)
❒ betamethasone dipropionate	❒ fluocinolone	❒ mometasone
❒ betamethasone valerate	❒ fluocinonide	❒ prednicarbate
❒ clobetasol	❒ fluticasone	❒ triamcinolone
❒ clocortolone pivalate	❒ halobetasol	

*****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**: 2/20/2014
REVISED/UPDATED: ~~5/8/2014; 7/22/2014; 9/26/2014; 9/29/2014; 11/5/2014; 5/22/2015; 11/20/2015; 12/22/2015; 6/16/2016; 8/15/2016; 9/28/2016; 12/20/2016; 1/19/2017;~~ **9/23/2017**;