

# 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:** omeprazole/sodium bicarbonate 40mg-1100mg (generic for Zegerid®)

**DRUG INFORMATION:** Complete information below. Authorization process will be delayed if incomplete.

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

**CLINICAL CRITERIA:** The following criteria **MUST** be met. Check below **ALL** that apply to qualify or authorization process will be delayed.

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

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

### AND

Patient has **tried and failed two (2) Brand PPI** (requires Prior Authorization form found at [www.optimahealth.com](http://www.optimahealth.com))

<input type="checkbox"/> Dexilant®	<input type="checkbox"/> Nexium® 40mg
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**\*\*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: 12/17/2015  
REVISED/UPDATED: 12/17/2015; 3/31/2016; 12/20/2016; 2/9/2017; 9/24/2017