OPTIMA HEALTH PLAN

NARCOTICS-REAUTHORIZATION 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 (1) drug)*****:** ***(COMMERCIAL ONLY)***

****Medical notes must be submitted to support the information provided on this request.****

Authorizations are for no more than one year at a time.

❒ Abstral®	❒ Actiq®	❒ Belbuca	❒ Butrans®
❒ Exalgo®	❒ Fentanyl® oral	❒ Fentora®	❒ Hysingla™ ER
❑ Lazanda®	❑ Nucynta®	❒ Nucynta® ER	❒ Opana®
❑ Opana® ER	❑ Oxaydo	❒ Oxecta®	❑ OxyContin®
❒ Stadol NS®	❒ Subsys®	❑ Trezix	❑ Xtampza ER
❒ Xartemis XR	❒ Zohydro® ER		

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DRUG INFORMATION: All information below must be completed. If incomplete or boxes are not checked, outcome of this request may be affected and authorization process will be delayed.

Drug Name/Form: _____ **Strength/Quantity:** _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code:** _____

Other Medications Currently Used in Combination with the Requested Medication for the Treatment of this Diagnosis:

Narcotics	Benzodiazepines	Other Pain Therapies

Date of last office visit: _____

- **Provider has checked information on this patient in the state's Prescription Monitoring Program database *within the last 90 days*. Date PMP database checked**: _____ **(This *must* be checked.)**

*****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**: 4/17/2014;

REVISED/UPDATED: ~~5/18/2014; 8/18/2014; 9/5/2014; 9/26/2014; 11/6/2014; 5/22/2015; 6/25/2015; 12/29/2015; 12/8/2016;~~ **12/21/2016**;