

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 (choose one below): SGLT2 Drugs (Non-Preferred) (**COMMERCIAL**)

<input type="checkbox"/> Farxiga® (dapagliflozin)	<input type="checkbox"/> Xigduo® XR (dapagliflozin/metformin ER)
<input type="checkbox"/> Glyxambi® (empagliflozin/linagliptin)	<input type="checkbox"/> Qtern® (dapagliflozin/ertugliflozin)
<input type="checkbox"/> Steglujan® (ertugliflozin/sitagliptin)	<input type="checkbox"/> Segluromet® (ertugliflozin/metformin)
<input type="checkbox"/> Steglatro™ (ertugliflozin)	

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

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

CLINICAL CRITERIA: Check below **ALL** that apply. Boxes **must** be checked to qualify or authorization process will be delayed.

Patient has tried and failed at least **30 days** of therapy with the following:

Invokana®

OR

Invokamet® or Invokamet® XR

AND

Jardiance®

OR

Synjardy® or Synjardy® XR

****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 the Pharmacy and Therapeutics Committee: 5/16/2013

REVISED/UPDATED: 9/30/2013; 4/7/2014; 8/6/2014; 9/26/2014; 10/8/2014; 10/16/14; 10/30/2014; 1/15/15; 10/15/2015; 10/23/2015; 12/22/2015; 12/19/2016; 3/6/2017; 3/27/17; 3/28/2017; 5/4/2017; 8/17/2017; 3/1/2018; 6/8/2018