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; **1-800-750-9692**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Select drug below:

❑ **Carbatrol®** (carbamazepine ER)	❑ **Depakene®** (valproic acid)	❑ **Depakote/ER/DR/spr®** (divalproex sodium)
❑ **Dilantin/chew/susp®** (phenytoin)	❑ **Felbatol/susp®** (felbamate)	❑ **Gabitril®** (tiagabine)
❑ **Keppra/XR/sol®** (levetiracetam)	❑ **Klonopin®** (clonazepam)	❑ **Lamictal/XR/ODT/chew®** (lamotrigine)
❑ **Mysoline®** (primidone)	❑ **Neurontin/sol®** (gabapentin)	❑ **Phenytek/ER®** (phenytoin)
❑ **Qudexy XR®** (topiramate ER)	❑ **Tegretol/XR/susp®** (carbamazepine)	❑ **Topamax/spr®** (topiramate)
❑ **Trileptal/susp®** (oxcarbazepine)	❑ **Zarontin/sol®** (ethosuximide)	❑ **Zonegran®** (zonisamide)

DRUG INFORMATION: Complete information below or authorization will be delayed if incomplete.

Drug Form/Strength: _____

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

Diagnosis: _____ **ICD Code, if applicable:** _____

CLINICAL CRITERIA: Check below **ALL** that apply. **ALL** criteria **must** be met for approval. **ALL** documentation including labs or chart notes (if required) **must** be submitted or request will be denied.

❑ Member has tried and failed the generic form of drug requested.

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.*

Member 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:** 10/17/2013
REVISED/UPDATED: 7/29/2019