

# 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:** Crinone® (progesterone vaginal gel)

**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: \_\_\_\_\_

- **Infertility uses are excluded.**

**CLINICAL CRITERIA:** ALL boxes MUST be checked to qualify. Incomplete information will delay authorization process.

- Patient is pregnant and requires the use of Crinone® until placental autonomy. Submit results of positive pregnancy test. (Authorization is for 12 weeks.)

**OR**

- Patient has secondary physiologic amenorrhea. (Authorization is for 6 doses of Crinone® 4 %.)

**OR**

- Patient has secondary physiologic amenorrhea and was unresponsive to 6 doses of Crinone® 4%. (Authorization is for 6 doses of Crinone® 8 %.)

**Medication being provided by (check applicable box below):**

- Physician's office

**OR**

- Specialty Pharmacy:

For Optima Commercial Members:

- PropriumRx

For Optima Family Care Members:

- Sentara Norfolk General CM Pharmacy

**\*\*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; 8/8/2014; 10/30/2014; 5/21/2015; 12/27/2015; 8/12/2016; 9/22/2016; 12/11/2016; 8/3/2017.