

Medication being provided by (check applicable box(es) 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 & Therapeutics Committee: 9/17/2009

REVISED/UPDATED: 6/3/2011; 8/12/2011; 1/16/2014; 2/5/2014; 2/25/2014; 4/3/2014; 4/28/2014; 5/2/2014; 8/8/2014; 10/30/2014;
5/21/2015; 12/27/2015; 8/12/2016; 9/22/2016; 12/11/2016; 8/3/2017