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 from below*):

❑ **Trintellix®** (vortioxetine)	❑ **Fetzima®** (levomilnacipran)
❑ **Pristiq®** (desvenlafaxine)	❑ **Viibryd®** (vilazodone)

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 must have documentation of at least a ***30 day trial and failure*** with either:

- ❑ ***TWO*** of the following SSRIs

OR

- ❑ **ONE** of the following SSRIs and venlafaxine ER

Check each drug that has been tried. If not checked, authorization process will be delayed.

❑ citalopram	❑ escitalopram	❑ fluoxetine
❑ paroxetine	❑ sertraline	❑ venlafaxine ER

❑ Patient initiated therapy with Trintellix®, Fetzima®, Pristiq® or Viibryd® while covered under another insurance plan and converted to Sentara/Optima coverage ***within the last 60 days (subject to verification by Sentara/Optima)***.

*****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:**
REVISED/UPDATED: ~~1/2009; 2/21/2011; 6/14/2011; 7/21/2011; 9/12/2011; 2/16/2012; 3/7/2012; 5/25/2012; 7/1/2012; 1/16/2014; 2/10/2014; 2/20/2014; 3/21/2014; 5/7/2014; 10/30/2014; 5/21/2015; **12/27/2015**; 5/3/2016; 5/27/2016; 12/16/2016;~~ **8/13/2017**;