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 (***check applicable box below***)**:**

❑ **Flector® Patch** (diclofenac epolamine 1.3%)	❑ **Pennsaid® 2%** (diclofenac sodium topical solution)	❑ **Zorvolex®** (diclofenac capsules)

DRUG INFORMATION: Complete information below. Authorization process 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. Boxes must be checked to qualify or authorization process will be delayed.

❑ Member tried and failed **two (2)** of the following:

❑ diclofenac 1% gel (Voltaren® Gel)

OR

❑ diclofenac 1.5% solution (Pennsaid 1.5%)

OR

❑ Member tried and failed ***four NSAIDs*** from the Optima Preferred Drug List. ***(Check all tried.)***

❑ diclofenac sodium	❑ diflunisal	❑ etodolac
❑ fenoprofen	❑ flurbiprofen	❑ ibuprofen
❑ indomethacin, SR	❑ ketoprofen, SR	❑ ketorolac
❑ meclofenamate	❑ nabumetone	❑ naproxen
❑ naproxen sodium	❑ oxaprozin	❑ piroxicam
❑ sulindac	❑ tolmetin	❑ meloxicam

*****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**: 2/19/2015
REVISED/UPDATED: ~~5/27/2015~~; ~~12/27/2015~~; ~~12/16/2016~~; ~~8/13/2017~~; ~~9/28/2017~~; ~~11/28/2017~~; **3/1/2018**