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: **Glatopa™** (glatiramer acetate)

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:*** __________

- ***Glatopa™ is a therapeutically equivalent and can be substituted for Copaxone® 20 mg injection.***

CLINICAL CRITERIA: Boxes MUST be checked to qualify. Incomplete information will delay authorization process.

- ❑ Physician is a Neurologist

  AND

- ❑ Patient must have documentation of trial and failure of Copaxone® 20 mg

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

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 the Pharmacy and Therapeutic Committee**: 8/20/2015
REVISED/UPDATED: ~~10/26/2015~~; ~~12/22/2015~~; ~~8/25/2016~~; ~~9/22/2016~~; ~~12/11/2016~~; ~~8/3/2017~~; **9/29/2017**;