

# 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 (select one)      *Insomnia Drugs*

<input type="checkbox"/> <b>Belsomra</b> ® (suvorexant)	<input type="checkbox"/> <b>Edluar</b> ™ (zolpidem tartrate)	<input type="checkbox"/> <b>Intermezzo</b> ® (zolpidem tartrate)
<input type="checkbox"/> <b>Rozerem</b> ® (ramelteon)	<input type="checkbox"/> <b>Zolpimist</b> ™ (zolpidem)	

**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:** The below criteria **MUST** be met to qualify or authorization process will be delayed.

- Patient has tried and failed **at least 30 days** of **two (2)** of the following medications:

<input type="checkbox"/> zolpidem or zolpidem CR	<input type="checkbox"/> temazepam
<input type="checkbox"/> zaleplon	<input type="checkbox"/> eszopiclone

**\*\*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: 1/21/2011

UPDATED/REVISED: 3/30/2011; 8/18/2011; 2/16/2012; 4/19/2012; 5/25/2012; 7/2/2012; 3/20/2014; 5/15/2014; 10/31/2014; 1/15/2015;

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