# 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 drug below***)

| | |
|---|---|
| ❑ **Millipred™ Oral Solution** (prednisolone sodium phosphate) | ❑ **Veripred™ 20 Oral Solution** (prednisolone sodium phosphate) |

***DRUG INFORMATION: Complete information below. If incomplete, authorization process will be delayed.***

**Drug Name/Form/Strength:** ______________________________________________

**Dosing Schedule**: ______________________________ **Length of Therapy**: ____________________

**Diagnosis**: ______________________________ ***ICD Code, if applicable***: ____________________

***CLINICAL CRITERIA: Following criteria below MUST be met or authorization process will be delayed.***

❑ Patient has tried and failed therapy with a generic prednisolone phosphate solution or syrup (***submission of pharmacy records may be required to verify medication trials***)

*****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**: 7/16/2015
**REVISED/UPDATED:** ~~8/11/2015~~; ~~12/27/2015~~; ~~9/28/2016~~; ~~12/19/2016~~; **8/15/2017**