

# OPTIMA HEALTH PLAN

## PHARMACY STEP-EDIT AUTHORIZATION 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:** **MuGard®** (oral mucoadhesive) (Step Edit)

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

**Drug Form/Strength:** \_\_\_\_\_

**Dosing Schedule:** \_\_\_\_\_ **Length of Therapy:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_ **ICD Code, if applicable:** \_\_\_\_\_

**RECOMMENDED USE:** 4-6 times a day for management of oral mucositis/stomatitis.

**CLINICAL CRITERIA:** ALL boxes **MUST** be checked to qualify. ALL chart notes and lab results **MUST** be attached to request. Incomplete documentation will delay authorization process.

Has the member tried and failed (*paid claims will be documented*):

Oramagic Plus for at least 30 days?

**AND**

Magic Mouthwash for at least 30 days?

**MAX dose of MuGard:** **1 bottle (8 fluid ounces/240 mL) per fill**

**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 Pharmacy and Therapeutics Committee: 8/20/2015

REVISED/UPDATED: 9/30/2015; 12/22/2015; 8/11/2016; 9/22/2016; 12/11/2016; 8/4/2017