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

❑ **MuGard**® (oral mucoadhesive)	❑ **Gelclair**® (bioadherent oral gel)

DRUG INFORMATON: 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: 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 member tried and failed (***paid claims will be documented***):

- ❑ Oramagic Plus for at least 30 days? ❑ Yes ❑ No

AND

- ❑ Magic Mouthwash for at least 30 days? ❑ Yes ❑ No

MAX approval of MuGard®: **1 bottle (8 fluid ounces/240 mL) per fill**
Recommended Use: ***4-6 times a day for management of oral mucositis/stomatitis.***

MAX approval of Gelclair®: ***15 packets per prescription***
Recommended Use: ***3 times a day***

Medication being provided by a Specialty Pharmacy: ❑ **PropriumRx**

*****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~~; ~~11/29/2016~~; ~~12/13/2016~~; ~~9/15/2017~~; ~~10/7/2017~~; **11/24/2017**