

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION/STEP-EDITREQUEST*

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 below): *Nasal Corticosteroids*

<input type="checkbox"/> Dymista™ (azelastine HCl/fluticasone propionate)	<input type="checkbox"/> Omnaris® (ciclesonide)
<input type="checkbox"/> Nasonex® (mometasone furoate)	<input type="checkbox"/> Qnasl™ (beclomethasone)
<input type="checkbox"/> Veramyst® (fluticasone furoate)	<input type="checkbox"/> Zetonna™ (ciclesonide)

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: ALL boxes must be checked to qualify or authorization process will be delayed.

- Patient has tried and failed therapy with prescription fluticasone propionate nasal spray (*generic Flonase®*)

AND

- Patient has tried and failed therapy with OTC budesonide nasal spray (*generic of OTC Rhinocort Allergy® Spray*)

****Please Note: Exception to prerequisite medication trial may ONLY be made based on the FDA-approved age indication for that prerequisite medication.****

****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: 10/21/2010

REVISED/UPDATED: 6/6/2011; 9/9/2011; 10/25/2011; 3/20/2014; 10/16/2014; 10/28/2014; 11/6/2014; 12/30/2014; 4/22/2015; 5/22/2015; 12/29/2015; 10/20/2016; 11/17/2016; 12/12/2016; 8/15/2017;