

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: Northera® (droxidopa)

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

Drug 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. Chart notes MUST be attached to this request.

- **Prescriber is:** **Specialist** **Cardiologist**
- 1. Does the patient have orthostatic dizziness or lightheadedness associated with orthostatic hypotension caused by primary autonomic failure (Parkinson Disease), multiple system atrophy, or pure autonomic failure? Yes No
- 2. Does the patient have dopamine beta-hydroxylase deficiency or non-diabetic autonomic neuropathy? Yes No
- 3. Does the patient have any cardiac issues such as hypertension, cardiovascular risk factors, or coronary artery disease? Yes No
- 4. Does the patient have any documented history of cardiovascular attacks? Yes No
- 5. Will supine blood pressure be monitored during therapy? Yes No

AND

- **Patient has tried and failed ALL of the following:**
 midodrine **AND** fludrocortisone

****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: 9/18/2014; 1/19/2017
REVISED/UPDATED: 12/19/2014; 5/22/2015; 12/28/2015; 12/19/2016; 1/19/17; 3/28/2017; 8/15/2017.