

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: Nucynta®ER (tapentadol extended-release) (COMMERCIAL ONLY)

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.

- Patient has Malignant (cancer) Pain
- OR**
- Patient has non-malignant pain with a diagnosis of: _____
- AND**

The patient has received the following three (3) opioids in attempt to treat this intractable pain:

Date	Drug	Dose & Frequency

AND

The patient has received additional pain therapies (anti-seizures meds, antidepressants, TENS unit, etc.).

NOTE: for a diagnosis of neuropathic pain associated with diabetic peripheral neuropathy, therapies tried must include at least three (3) therapies used to treat the condition (anticonvulsants and antidepressants for example)

Date	Therapy	Dose & Frequency

- Provider has checked information on this patient in the state's Prescription Monitoring Program database within the last 90 days. This must be checked.
 - Date PMP database checked: _____

****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 #: _____