

# 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** (select one below):

**Ocular Antihistamines**

|  |  |
|--|--|
| <input type="checkbox"/> <b>Bepreve®</b><br>(bepotasline besilate ophthalmic solution 1.5%)      | <input type="checkbox"/> <b>Emadine®</b><br>(emedastine difumarate ophthalmic solution 0.05%)    |
| <input type="checkbox"/> <b>Lastacaft®</b><br>(alcaftadine ophthalmic solution 0.25%)            | <input type="checkbox"/> <b>Pataday®</b><br>(olopatadine hydrochloride ophthalmic solution 0.2%) |
| <input type="checkbox"/> <b>Patanol®</b><br>(olopatadine hydrochloride ophthalmic solution 0.1%) | <input type="checkbox"/> <b>Pazeo™</b><br>(olopatadine hydrochloride ophthalmic solution 0.7%)   |

**DRUG INFORMATION:** Complete information below. Authorization process will be delayed if incomplete.

Drug Name/Form/Strength: \_\_\_\_\_

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

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

**CLINICAL CRITERIA:** All boxes below must be checked to qualify or authorization process will be delayed.

Member has tried at least **ONE (1)** of the following (check each drug tried):

azelastine

epinastine

ketotifen

**\*\*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: 4/18/2013

REVISED/UPDATED: 6/30/2013; 3/20/2014; 11/2/2014; 5/21/2015; 8/3/2015; 8/26/2015; 12/28/2015; 12/19/2016; 8/15/2017.