



**Medication being provided by a Specialty Pharmacy (check applicable box below):**

**For Optima Commercial Members:**

PropriumRx

**For Optima Family Care Members:**

Sentara Norfolk General CM Pharmacy

**\*\*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: 8/15/15; 10/14/2016;

REVISED/UPDATED: 10/29/2015; 12/22/2015; 1/15/2016; 3/30/2016; 6/6/2016; 8/11/2016; 9/22/2016; 11/17/2016; 12/12/2016; 8/4/2017.