

# 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 applicable drug):                      **PPI Drugs (Non-Preferred)**

**Dexilant®** (dexlansoprazole)

**Nexium® Packets** (esomeprazole magnesium)

**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 applicable boxes must be checked to qualify or authorization process will be delayed.

Member has tried and failed 30-day trials of four (4) generic PPIs from the following:

<input type="checkbox"/> esomeprazole 40mg	<input type="checkbox"/> omeprazole 40mg
<input type="checkbox"/> lansoprazole 30mg	<input type="checkbox"/> pantoprazole 20mg or 40mg
<input type="checkbox"/> rabeprazole 20mg	

**Member will be required to try the prior drug therapy for a time period of 30 days before moving to the requested step-edit drug.**

**\*\*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 #: \_\_\_\_\_

\*REVISED/UPDATED: 10/26/2010; 6/2/2011; 6/14/2011; 6/16/2011; 9/16/2011; 10/5/2011; 10/25/2011; 2/16/2012; 2/29/2012; 7/1/2012; 8/16/2012; 7/13/2013; 3/20/2014; 11/20/2014; 12/30/2014; 5/22/2015; 6/18/2015; 11/19/2015; 12/28/2015; 2/9/2016; 3/22/2016; 3/30/2016; 6/22/2016; 10/1/2016; 12/19/2016; 8/16/2017; 11/24/2017; 1/23/2018; 3/31/2018