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 below)*:**

❑ **Qudexy XR® (topiramate) extended-release capsules**	❑ **Trokendi XR® (topiramate) extended-release capsules**

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:*** _____

*****Maximum Allowed Daily Dose (MADD): 400 mg/day*.**

CLINICAL CRITERIA: Boxes that apply MUST be checked to qualify. Incomplete information will delay authorization process. Chart notes MUST be attached to this request form.

DIAGNOSES: To qualify, applicable boxes below MUST be checked or authorization process will be delayed.

- ❑ For **Trokendi XR®:** Patient is 6 years of age or older and has a diagnosis of epilepsy.
- ❑ For **Qudexy XR®:** Patient is 2 years of age or older and has a diagnosis of epilepsy.

OR

- ❑ Patient is 12 years of age or older and medication is being used for migraine prophylaxis.

AND

- ❑ Patient has tried and failed at least ***30 days of therapy*** with generic topiramate ***(chart notes MUST be submitted to verify therapy failure)***.

*****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**: 1/18/2018
REVISED/UPDATED: 3/16/2018