

# 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:**                    **Strattera®** (atomoxetine)

**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:** ONE of the following criteria must be met.

- Patient is diagnosed with Tourette's disorder

**OR**

- Patient is diagnosed with stimulant induced tic disorder

**OR**

- Patient has history of prior and/or current narcotic or stimulant abuse of (*please list substance*): \_\_\_\_\_

**OR**

- Patient has tried and failed therapy with one of the following:

<input type="checkbox"/> amphetamine /dextroamphetamine ER ( <i>Adderall XR®</i> )	<input type="checkbox"/> dexmethylphenidate ER ( <i>Focalin XR®</i> )	<input type="checkbox"/> methylphenidate CR cap ( <i>Metadate CD®</i> )
<input type="checkbox"/> methylphenidate ER tab ( <i>Concerta®</i> )	<input type="checkbox"/> methylphenidate SR ( <i>Ritalin LA®</i> )	<input type="checkbox"/> Vyvanse®

*\*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: 9/20/2007

REVISED/UPDATED: 6/4/2011; 7/13/2011; 9/8/2011; 2/16/2012; 5/29/2012; 6/19/2012; 7/19/2012; 9/28/2012; 11/6/2013; 1/2/2014; 2/10/2014; 2/27/2014; 11/5/2014; 5/22/2015; 12/29/2015; 12/20/2016; 8/17/2017; 3/1/2018