

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"/> dexamethylphenidate 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