

**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 one below):      **Topical Rosacea Drugs**

<input type="checkbox"/> <b>Finacea®</b> (azelaic acid)	<input type="checkbox"/> <b>Noritate®</b> (metronidazole)
<input type="checkbox"/> <b>Metrogel®</b> (metronidazole)	<input type="checkbox"/> <b>Soolantra®</b> (ivermectin)

**DRUG INFORMATION:** Complete information below. If incomplete, authorization process will be delayed.

Drug Name/Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

**CLINICAL CRITERIA:** ALL applicable boxes below **must** be checked to qualify or authorization process will be delayed.

**For Finacea®, Metrogel®, and Soolantra®**

- Diagnosis of Rosacea with inflammatory lesions  
AND
- 30 day trial and failure of generic, topical metronidazole 0.75%

**For Noritate®:**

- Diagnosis of Rosacea with inflammatory lesions  
AND
- 30 day trial and failure of generic, topical metronidazole 0.75%  
AND
- 30 day trial and failure of Finacea® (requires prior authorization)  
AND
- 30 day trial and failure of Soolantra® (requires prior authorization)

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