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. **If information provided is NOT complete, correct, or legible, authorization will be delayed.**

Drug Requested (select one below): Non-Preferred

❑ **Wixela Inhub™** (fluticasone-salmeterol)	❑ **fluticasone-salmeterol**

DRUG INFORMATION: Complete **ALL** information below or authorization will be delayed.

Drug Strength: ______________________________

Dosing Schedule: ______________________ **Length of Therapy**: ______________

Diagnosis: ______________________ **ICD Code, if applicable:** ______________

NOTE: Brand Advair Diskus® is Optima's Preferred Product

CLINICAL CRITERIA: Check below **ALL** that apply. **ALL** criteria **must** be met for approval. **ALL** documentation, including labs or chart notes **(when required)**, **must** be provided or request will be denied.

- ❑ Patient must have an intolerance or contraindication to brand Advair Diskus®.

  (**Must** submit clinical chart notes or a completed Med Watch form documenting the experienced treatment failure with brand Advair Diskus®.)

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:** 3/21/2019
REVISED/UPDATED: 3/29/2019