

# 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:** (check applicable drug below)

<input type="checkbox"/> <b>Zegerid®</b> (omeprazole/sodium bicarbonate 40mg - 1100mg)	<input type="checkbox"/> <b>Vimovo®</b> (esomeprazole-naproxen)
<input type="checkbox"/> <b>Duexis®</b> (ibuprofen-famotidine)	

**DRUG INFORMATION:** Complete information below. Authorization process will be delayed if incomplete.

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

Strength/Quantity per Day: \_\_\_\_\_

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

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

**CLINICAL CRITERIA:** The following criteria **MUST** be met. Check below **ALL** that apply to qualify or authorization process will be delayed.

Member tried and failed 30 day trials of **four (4) generic PPIs** from the following:

<input type="checkbox"/> omeprazole 40mg	<input type="checkbox"/> lansoprazole 30mg
<input type="checkbox"/> pantoprazole 20mg, 40mg	<input type="checkbox"/> rabeprazole 20mg
<input type="checkbox"/> esomeprazole 40mg	

### AND

Member tried and failed **30 day trial** of the **Brand PPI** Dexilant® (dexlansoprazole) (*requires Prior Authorization; form can be found at [www.optimahealth.com](http://www.optimahealth.com)*)

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