

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):

(COMMERCIAL ONLY)

Hysingla™ ER (hydrocodone bitartrate)

Zohydro™ ER (hydrocodone extended-release)

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: ALL boxes must be checked to qualify or authorization process will be delayed.

Patient has Malignant (cancer) Pain

OR

Patient has non-malignant pain with a diagnosis of: _____

AND

The patient has received the following three (3) different opioids in attempt to treat this intractable pain:
A hydrocodone combination product MUST be one of the 3 opioids tried.

Date	Drug	Dose & Frequency

AND

The patient has received three (3) additional pain therapies (anti-seizures meds, antidepressants, TENS unit, etc.)

Date	Therapy	Dose & Frequency

Provider has checked information on this patient in the state's Prescription Monitoring Program database within the last 90 days. This must be checked.

Date PMP database checked: _____

****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: 4/17/2014

REVISED/UPDATED: 5/28/2014; 11/6/2014; 5/21/2015; 6/25/2015; 8/11/2015; 12/29/2015; 12/6/2016; 12/20/2016; 8/21/2017.