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 the information provided is not complete, correct, or legible, the authorization process may be delayed.**

Please Note: Infertility Treatment is a Group-Specific Benefit

Drug Requested: (select from below):

❑ **Novarel**® (chorionic gonadotropin)	❑ **Ovidrel**® (choriogonadotropin alfa)
❑ **Pregnyl**® (chorionic gonadotropin)	❑ **chorionic gonadotropin**

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy**: _____

Diagnosis: _____ **ICD Code, if applicable:** _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

For 2 Month Approval for Prepubertal Cryptorchidism:

- ❑ Patient is between 4-9 years of age; **AND**
- ❑ Patient has a diagnosis of prepubertal cryptorchidism **NOT** due to anatomical obstruction

Medication being provided by Specialty Pharmacy - PropriumRx

Not all drugs may be covered under every Plan

If a drug is non-formulary on a Plan, documentation of medical necessity will be required.

*****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.****

Member 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:** 4/19/2018 **REVISED/UPDATED:** 6/17/2018; ~~Reformatted 1/8/2020;~~ **11/1/2021**