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.**

Drug Requested (select applicable drug below):

❑ **Soliqua®** (insulin glargine and lixisenatide injection)	❑ **Xultophy®** (insulin degludec and liraglutide injection)

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/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.

❑ Patient has tried and failed at least **30 days** of therapy with at least one drug from **BOTH** of the following drug classes:

- **Glucagon-Like Peptide 1 Receptor Agonist:**

❑ Byetta®	❑ Rybelsus®
❑ Bydureon BCise®	❑ Trulicity®
❑ Ozempic®	❑ Victoza®

AND

- **Long-Acting Insulin:**

❑ Lantus®	❑ Toujeo®

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.****

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

***Approved by the Pharmacy and Therapeutics Committee:** 7/20/2017
REVISED/UPDATED: ~~9/14/2017; 7/30/2018; 3/25/2019; 8/31/2020;~~ **6/30/2021**;