

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 may be delayed.

Drug Category: Zomig® (zolmitriptan)

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

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

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

CLINICAL CRITERIA - At least **ONE** of the following criteria **MUST** be met or authorization will be delayed. 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.

- ☐ Member has tried and failed therapy with sumatriptan nasal spray.
- ☐ Member enrolled with Optima Health within the past three months and was stable on requested medication prior to enrollment (subject to verification by Optima Health).

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: 11/19/2009**

UPDATED/REVISED: 11/18/2010; 5/11/2011; 6/29/2011; 8/18/2011; 9/15/2011; 10/31/2011; 11/7/2012; 3/14/2013; 7/29/2013; 11/21/2013; 1/16/2014; 2/6/2014; 4/4/2014; 4/17/2014; 5/15/2014; 5/28/2014; 8/18/2014; 9/5/2014; 9/26/2014; 9/29/2014; 10/30/2014; 5/21/2015; 12/27/2015; 4/29/2016; 6/16/2016; 8/22/2016; 10/3/2016; 12/19/2016; 8/14/2017; 9/5/2017; 6/3/2018; 2/15/2019; 1/22/2020