OPTIMA HEALTH PLAN

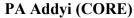
PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

<u>Directions</u>: <u>The prescribing physician must sign and clearly print name (preprinted stamps not valid)</u> on this request. All other information may be filled in by office staff; <u>(Pharmacy) 1-800-750-9692</u>. No additional phone calls will be necessary if all information <u>(including phone and fax #s)</u> on this form is correct. <u>If the information provided is not complete, correct, or legible, the authorization process can be delayed.</u>

Drug Requested: Addyi® (flibanserin)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.		
Mem	ber Name:	
Mem	ber Optima #: Date of Birth:	
Presc	riber Name:	
Presc	riber Signature: Date:	
Office	e Contact Name:	
Phone	e Number: Fax Number:	
DEA	OR NPI #:	
DR	UG INFORMATION: Authorization may be delayed if incomplete.	
Drug	Form/Strength:	
Dosin	g Schedule: Length of Therapy:	
Diagn	osis: ICD Code:	
Weig	ht: Date:	
Quai	ntity Limit: 30 tablets per 30 days	
supp	NICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To ort each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be ided or request may be denied.	
Aut	horization Criteria	
	Member is pre-menopausal	
	Member is 18 years of age or older	
	Member has a diagnosis of Hypoactive Sexual Desire Disorder (HSDD) with symptoms (e.g., low sexual desire that causes marked distress or interpersonal difficulty) that have persisted for at least 6 months	
	Member's HSDD is <u>NOT</u> related to any other medical or psychiatric condition, substance abuse or relationship issue	
	Member does NOT have any degree of hepatic impairment	

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Member is <u>NOT</u> using moderate or strong CYP3A4 inhibitors concomitantly (e.g., ciprofloxacin,
clarithromycin, diltiazem, fluconazole, itraconazole, ketoconazole, ritonavir, verapamil)

□ Provider attests to having counseled the member regarding the interaction with alcohol and Addyi, and the increased risk of hypotension and syncope

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. *