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 Requested: Oral Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

❑ **diclofenac/misoprostol 50-0.2 mg** (generic Arthrotec)	❑ **diclofenac/misoprostol 75-0.2 mg** (generic Arthrotec)	❑ **fenoprofen calcium 400 mg** (generic Nalfon)
❑ **fenoprofen calcium 600 mg** (generic Nalfon)	❑ **mefenamic acid 250 mg**	❑ **meclofenamate sodium 50 mg** (generic Meclofen)
❑ **meclofenamate sodium 100 mg** (generic Meclofen)	❑ **Ketoprofen immediate-release 25 mg**	

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Optima #: _____ **Date of Birth:** _____

Prescriber Name: _____

Prescriber Signature: _____ **Date:** _____

Office Contact Name: _____

Phone Number: _____ **Fax Number:** _____

DEA OR NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Form/Strength: _____

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

Diagnosis: _____ **ICD Code:** _____

Weight: _____ **Date:** _____

(Continued on next page)

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.

- ❑ Member must have tried and failed **at least four (4)** of the following **(verified by chart notes or pharmacy paid claims)**:

❑ celecoxib	❑ ibuprofen	❑ nabumetone
❑ diclofenac sodium	❑ indomethacin IR/ER	❑ naproxen
❑ diflunisal	❑ ketoprofen IR	❑ oxaprozin
❑ etodolac	❑ ketorolac	❑ piroxicam
❑ flurbiprofen	❑ meloxicam	❑ sulindac

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.*