

# OPTIMA FAMILY CARE MEDALLION 4.0

## 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. Incomplete forms will delay the authorization process.

**Drug Requested:** Xeljanz® (tofacitinib)/Xeljanz® XR® (tofacitinib xr) (Non-Preferred) (MEDICAID)

**DRUG INFORMATION:** Complete information below. If incomplete, authorization process will be delayed.

Dosage Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

Quantity per Day: \_\_\_\_\_

**CLINICAL CRITERIA:** ALL appropriate lines must be checked to qualify or authorization process will be delayed.

- Is Xeljanz® being used for the treatment of moderately to severely active rheumatoid arthritis?  Yes  No
  - Has the patient had an inadequate response to or intolerance to methotrexate?  Yes  No
- Provide details: \_\_\_\_\_

- Has the patient had a therapeutic trial and treatment failure with at least ONE (1) Preferred drug (i.e. Enbrel® or Humira®)?  Yes  No

Provide details: \_\_\_\_\_

- Is the patient currently using any biologic DMARDs or potent immunosuppressants (i.e. azathioprine, cyclosporine)?  Yes  No

If Yes, please explain: \_\_\_\_\_

**Medication being provided by a Specialty Pharmacy - PropriumRx**

***\*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 #: \_\_\_\_\_

\*REVISED/UPDATED: 7/1/2018