# OPTIMA HEALTH COMMUNITY CARE
# AND
# OPTIMA FAMILY CARE
# (MEDICAID)

## PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT*

**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 1-844-348-3720**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **Incomplete form will delay authorization process.**

**Drug Requested: AMEVIVE®** (alefacept) **(J-0215) (Medical)**

**DRUG INFORMATION:** Complete information below or authorization process will be delayed.

**Drug Form/Strength**: _____

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

**Diagnosis:** _____ **ICD Code:** _____

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

- Is prescriber a dermatologist? ❑ Yes ❑ No
- Does patient have moderate to severe chronic plaque psoriasis? ❑ Yes ❑ No
- Does the psoriasis involve the following? **(Check all that apply)**: ❑ Yes ❑ No
  ❑ Palms ❑ soles ❑ face ❑ genitalia **OR** ❑ greater than 10% of total body surface area
- Tried and failure of **at least one therapy AND three Preferred TNFs** ❑ Yes ❑ No

  ❑ **UV Light Therapy**
  - ❑ NB UV-B
  - ❑ PUVA

  ❑ **Oral Systemic Therapy**
  - ❑ acitretin
  - ❑ methotrexate
  - ❑ cyclosporine

**AND**

- **Trial and failure of all three (3):** ❑ Yes ❑ No

  ❑ Enbrel® **AND** ❑ Humira® **AND** ❑ Remicade®

**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 #:** _____

**UPDATED:** ~~8/1/2017~~; 8/15/2018; **10/9/2018**