OPTIMA HEALTH FAMILY CARE

(MEDICAID)

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 1-844-723-2094**. 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: **Elelyso®** (taliglucerase alfa) (Injection for IV use) **(Medical)**

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

Drug Form/Strength/Quantity per Day: ____________________

Dosing Schedule: ____________________ **Length of Therapy:** ____________________

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

CLINICAL CRITERIA: To receive a **one year approval** for this drug, **ALL** appropriate boxes below **must** be checked to qualify or authorization process will be delayed.

Does member meet the following criteria?

- Is member using this for long-term enzyme replacement therapy with a confirmed diagnosis of Type 1 Gaucher disease? ❑ Yes ❑ No
- Is member 18 years of age or older? ❑ Yes ❑ No

Medication being provided by: (Please check applicable box below.)

❑ **Physician's office** **OR** ❑ **Specialty Pharmacy - ProprimRx**

*****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: ~~12/31/2017;8/18/2018; 10/8/2018;~~ **(Reformatted) 2/4/2019**