OPTIMA HEALTH FAMILY CARE

(MEDICAID)

PHARMACY/MEDICAL 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 form will delay authorization process.**

Drug Requested: Entyvio® IV (vedolizumab) **(J3380) (Medical)**

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

Drug Form/Strength: _____

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

Diagnosis: _____ **ICD Code**: _____

CLINICAL CRITERIA: Check boxes below. All applicable boxes **MUST** be checked to qualify to ensure authorization will **NOT** be delayed.

- **Prescriber is**: ❑ **Gastroenterologist**

❑ **Diagnosis of**: ❑ **Crohn's Disease** **OR** ❑ **Ulcerative Colitis**:

❑ Patient has tried and failed **at least one previous 5-Aminosalicylates or Immunomodulators therapy** (**check below that applies)**

❑ methotrexate	❑ azathioprine	❑ auranofin
❑ sulfasalazine	❑ oral aminosalicylates	❑ leflunomide
❑ 6-mercaptopurine	❑ Apriso®	❑ Lialda™
❑ Pentasa®		

Medication being provided by (check applicable box(es) below)**:**

❑ **Location/site of drug administration:** _____

NPI or DEA # of administering location: _____

OR

❑ **Specialty Pharmacy**: ❑ **PropriumRx** **OR** ❑ **Sentara Norfolk General CM Pharmacy**

(continued on next page; signature MUST be attached to this request.)

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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: _____

Prescriber's DEA OR NPI #: _____

***REVISED/UPDATED:** ~~8/1/2017; 8/26/2017; 12/27/2017; 4/30/2018; 8/18/2018; 10/8/2018; 11/18/2018;~~ **(Reformatted) 2/4/2019**;