OPTIMA HEALTH COMMUNITY CARE
AND
OPTIMA 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 1-800-750-9692**. 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: Otrexup™ (methotrexate subcutaneous) **(Non-Preferred)**

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

Drug Form/Strength: _____

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

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

Quantity per day: _____

CLINICAL CRITERIA AND DIAGNOSIS: **ALL** questions below **MUST** be answered to facilitate processing to ensure authorization will **NOT** be delayed.

Does the patient meet the following criteria? ❑ Yes ❑ No

- Diagnosis of active rheumatoid arthritis (RA) or polyarticular juvenile idiopathic arthritis (pJIA) ❑ Yes ❑ No
- Therapeutic failure to oral methotrexate? ❑ Yes ❑ No
- Patient **does not** require any of the following methotrexate regimens ❑ Yes ❑ No
  - Doses less than 10 mg per week,
  - Doses above 25 mg per week,
  - High dose regimens, **OR**
  - Dose adjustments less than 5 mg increments

MEDICAL NECESSITY: Provide clinical evidence below that support the use of the requested medication.

_____

_____

_____

(Continued on next page; signature page 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: _____

DEA OR NPI #: _____

REVISED/UPDATED: ~~7/2/2017~~; ~~8/31/2017~~; **8/29/2018**;