

**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 form will delay authorization process.**

Drug Requested: **Siliq™** (brodalumab) SQ Injection

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

Drug Form/Strength: _____

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

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

(Package: 210 mg/1.5 mL solution in single-dose prefilled syringe)

LENGTH OF AUTHORIZATION: **ONE (1) YEAR**

CLINICAL CRITERIA: **ALL** boxes **MUST** be checked to qualify to ensure authorization will **NOT** be delayed.

Prescriber is a: Dermatologist Rheumatologist

- Member tried and failed **TWO (2)** of the **PREFERRED** biologics below:

<input type="checkbox"/> Enbrel®	<input type="checkbox"/> Humira®
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AND

- Member is ≥ 18 years of age;

AND

- Must have tried and failed all other treatments for moderate to severe plaque psoriasis including systematic treatment or phototherapy;

AND

- Had a mental health review and risk assessment for suicidal ideation and behavior

Medication being provided by a Specialty Pharmacy - PropriumRx

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

(Signature page **MUST** be included.)

****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: ~~12/28/2017~~; 8/30/2018