

# OPTIMA HEALTH COMMUNITY CARE

## 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 1-800-319-5003. 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:** Calquence® (acalabrutinib) (*Medicaid*)

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

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

**Recommended dosage:** 100 mg every 12 hours until disease progression or unacceptable toxicity

**Quantity Limit:** 68 tablets/34 days

**Authorization approval:** 1 year

**CLINICAL CRITERIA:** The following questions **MUST** be checked to ensure authorization process will **NOT** be delayed.

1. Does member have a diagnosis of advance mantle cell lymphoma?  Yes  No
2. Is prescriber an oncologist?  Yes  No
3. Is member ≥ 18 years of age?  Yes  No
4. Will member be using acalabrutinib as a single agent?  Yes  No
5. Has member received at least 1 prior therapy for mantle cell lymphoma?  Yes  No
6. Has member received any prior treatment with a Bruton's tyrosine kinase (BTK) inhibitor (acalabrutinib or ibrutinib)?  Yes  No
7. If female, is member pregnant or breast feeding?  Yes  No

**\*\*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: 7/1/2018