

OPTIMA HEALTH COMMUNITY CARE

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 1-844-348-3720. 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® (vedolizumab) (J3380)

DRUG INFORMATION: Complete all information below. Authorization process will be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

CLINICAL CRITERIA: Check boxes below. All applicable boxes **MUST** be checked to qualify or authorization process will be delayed.

- Prescriber is a: Rheumatologist Gastroenterologist
- Diagnosis of **Crohn's and Ulcerative Colitis:**
 - Patient has tried and failed **at least one previous 5-Aminosalicylates or Immunomodulators therapy (check below that applies)**

<input type="checkbox"/> methotrexate	<input type="checkbox"/> azathioprine	<input type="checkbox"/> auranofin
<input type="checkbox"/> balsalazide	<input type="checkbox"/> sulfasalazine	<input type="checkbox"/> leflunomide
<input type="checkbox"/> mesalamine_____	<input type="checkbox"/> olsalazine	<input type="checkbox"/> oral aminosalicylates
<input type="checkbox"/> 6-mercaptopurine		

Medication being provided by (check applicable box below):

Physician's office

OR

Specialty Pharmacy:

PropriumRx

****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: 8/1/2017 8/26/2017