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

DRUG INFORMATION: Complete information below. If incomplete, 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. Incomplete information will delay authorization process.

Prescriber is a: ❑ Dermatologist ❑ Rheumatologist

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

❑ Enbrel®	❑ Humira®

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**

*****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