OPTIMA HEALTH PLAN

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 1-844-202-5034. 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: **Actemra®** (tocilizumab) (**IV INFUSION ONLY**) (**J-3262**) ***(Medical)***

DRUG INFORMATION: Please complete below. Incomplete information will delay the authorization process.

Drug Form/Strength/Month: _____

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

Diagnosis: _____ **ICD Code:** _____

CLINICAL CRITERIA: Check all that apply. Applicable boxes must be checked to qualify. Incomplete data will delay the authorization process.

- ❑ Prescriber is a Rheumatologist
- ❑ Patient has tried and failed ***at least one (1)*** previous **DMARD** therapy including but not limited to: ***(check each that have been tired)***

❑ methotrexate	❑ sulfasalazine	❑ azathioprine
❑ leflunomide	❑ auranofin	❑ hydroxychloroquine
❑ Other: _____		

- ❑ **Patient has tried and failed *two (2)* of the following:**
  - ❑ Cimzia™
  - ❑ Remicade®

  OR

  - ❑ Simponi® ARIA™

(Cimzia™, Remicade®, and Simponi® ARIA™ require Prior Authorization. Forms can be found at www.Optimahealth.com)

Medication being provided by (check applicable box below):

- ❑ **Physician's office**

  OR

- ❑ **Specialty Pharmacy**:
- ❑ **Briova SpecialtyRx**

*****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 #: _____

***Approved by Pharmacy and Therapeutics Committee**: 6/17/2010

REVISED/UPDATED: ~~6/2/2011; 8/11/2011; 9/14/2011; 4/17/2012; 10/1/2012; 1/16/2014; 2/6/2014; 4/28/2014; 5/22/2014; 6/30/2014; 8/8/2014; 10/1/2014; 10/31/2014; 11/21/2014; 4/2/2015; 5/23/2015; 1/29/2016; 3/30/2016; 9/20/2016; 11/16/2016; 12/12/2016; 1/3/2017; 9/11/2017;~~ **10/4/2017**