

# OPTIMA HEALTH PLAN

## PHARMACY/MEDICAL PRIOR AUTHORIZATION/STEP-EDIT\*

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:** AMEVIVE® (alefacept) (J-0215) (Medical)

**DRUG INFORMATION:** Complete information below. If incomplete, authorization process will be delayed.

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

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

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

**CLINICAL CRITERIA:** ALL lines MUST be checked to qualify. Incomplete information will delay authorization process.

- Is prescriber a dermatologist?  Yes  No
- Does patient have moderate to severe chronic plaque psoriasis?  Yes  No
- Does the psoriasis involve the following? (**Check all that apply**):  Yes  No
  - Palms  soles  face  genitalia or  greater than 10% of total body surface area
- Tried and failure of at least one therapy AND three Preferred TNFs  Yes  No
  - UV Light Therapy
    - NB UV-B
    - PUVA
  - Oral Systemic Therapy
    - acitretin
    - methotrexate
    - cyclosporine

**AND**

- Trial and failure of all three (3):  Yes  No
  - Enbrel® **AND**  Humira® **AND**  Remicade®

**Medication being provided by a 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: 10/20/2005

UPDATED: 6/3/2011; 8/15/2011; 4/19/2012; 10/1/2012; 1/16/2014; 2/5/2014; 4/28/2014; 10/28/2014; 4/3/2015; 5/22/2015; 12/30/2015; 2/1/2016; 9/20/2016; 11/17/2016; 12/12/2016; 9/12/2017; 10/4/2017.