

# 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:** Entyvio® (vedolizumab) (J3380) (Medical)

**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:  Rheumatologist  Gastroenterologist
- Diagnosis of:  Crohn's Disease OR  Ulcerative Colitis:
- Patient tried and failed at least one previous 5-Aminosalicylates or Immunomodulators therapy

<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:  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: 8/21/2014

REVISED/UPDATED: 9/26/2014; 10/31/2014; 12/30/2014; 4/3/2015; 5/23/2015; 12/30/2015; 1/4/2016; 1/29/2016; 8/19/2016; 9/22/2016; 12/28/2016; 7/24/2017; 9/14/2017; 9/23/2017; 12/16/2017.