

# OPTIMA HEALTH PLAN

## 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 1-844-202-5034. 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:** KEYTRUDA® (pembrolizumab) (J9271) (Medical)

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

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

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

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

- Injection dose based on diagnosis.

**CLINICAL CRITERIA:** Check all boxes that apply. If applicable boxes are not checked, authorization process will be delayed.

- Patients who have been diagnosed with one of the following:

- Melanoma** – for the treatment of unresectable or metastatic

OR

- Metastatic non-small cell lung cancer (NSCLC)**

- as a single agent for the first-line treatment of patients with NSCLC whose tumors have high PD-L1 tumor expression [Tumor Proportion Score (TPS)  $\geq$  50%] determined by a FDA approved test, with no EGFR or ALK genomic tumor aberrations
- as a single-agent for the treatment of patients with NSCLC whose tumors express PD-L1 tumor expression [Tumor Proportion Score (TPS)  $\geq$  1%] determined by a FDA approved test, with disease progression on or after platinum-containing chemotherapy. Patients with EGFR or ALK genomic tumor aberrations should have disease progression on FDA-approved therapy for these aberrations prior to receiving Keytruda
- in combination with pemetrexed and carboplatin, as first-line treatment of patients with metastatic nonsquamous NSCLC.

OR

- Head and Neck Squamous Cell Cancer (HNSCC)** – for the treatment of patients with recurrent or metastatic HNSCC with disease progression on or after platinum-containing chemotherapy

OR

- Classical Hodgkin Lymphoma (cHL)** – for the treatment of adult and pediatric patients with refractory cHL or who have relapsed after 3 or more prior lines of therapy

OR

- Urothelial Carcinoma**

- for the treatment of patients with locally advanced or metastatic urothelial carcinoma who are not eligible for cisplatin-containing chemotherapy
- for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy

OR

(continued on next page)

**Microsatellite Instability-High Cancer**

- for the treatment of adult and pediatric patients with unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient
- for the treatment of patients with locally advanced or metastatic urothelial carcinoma who have disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy

**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: 1/13/2017

REVISED/UPDATED: 3/28/2017; 5/11/2017; 9/18/2017; 10/4/2017.