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 1-800-750-9692. 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: **Kineret™** (anakinra)

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

Drug Form/Strength/Quantity: _____

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

Diagnosis: **Rheumatoid Arthritis**_____ ***ICD Code, if applicable:*** _____

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

- ❑ Prescriber is a rheumatologist.
- ❑ Patient has tried and failed ***at least one DMARD*** for at least **three (3) months**: ***(Check each that has been tried)***

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

- ❑ Patient has tried and failed **both**:
  - ❑ Enbrel® (etanercept) **AND** ❑ Humira® (adalimumab) **AND** ❑ Xeljanz®/ Xeljanz® XR
- ❑ Patient is at least 18 years old and diagnosed with moderate to severely active rheumatoid arthritis.

(Enbrel® and Humira® both require Prior Authorization.
Forms can be found at www.Optimahealth.com)

Medication being provided by (check applicable box(es) 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***

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
REVISED/UPDATED: ~~6/3/2011; 8/19/2011; 7/9/2012; 1/1/2014; 1/27/2014; 4/28/2014; 8/13/2014; 11/2/2014; 5/22/2015; 12/28/2015; 3/31/2016; 9/22/2016; 11/29/2016; 12/13/2016; 9/15/2017;~~ **10/7/2017**