

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 1-800-750-9692. 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: **Orencia® SQ (abatacept) (J-0129) (SQ/Loading Dose) (Pharmacy)**

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

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

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

- The prescriber is a **Rheumatologist**
- Patient has moderate to severe rheumatoid arthritis
- Patient has tried and failed at least a **90-day trial** of DMARD therapy including, but not limited to:
(check all that have been tried)

<input type="checkbox"/> methotrexate	<input type="checkbox"/> sulfasalazine
<input type="checkbox"/> azathioprine	<input type="checkbox"/> leflunomide
<input type="checkbox"/> auranofin	<input type="checkbox"/> other _____
<input type="checkbox"/> hydroxychloroquine	

AND

- Patient has tried and failed ALL of the following:
 - Enbrel® AND Humira® AND Xeljanz®/Xeljanz® XR

***Enbrel™, Humira®, Xeljanz®/Xeljanz® XR require Prior Authorization.
Forms can be found at www.Optimahealth.com.***

Medication is being provided by a Specialty Pharmacy: OhioHealth 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: 2/16/2006

REVISED/UPDATED: 10/28/2014; 5/22/2015; 12/29/2015; 3/30/2016; 5/6/2016; 6/23/2016; 8/11/2016; 9/22/2016; 11/29/2016; 12/13/2016; 9/16/2017; 10/7/2017.