

# 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:**     **Simponi® ARIA™ (golimumab) (J-1602) (Medical)**

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

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

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

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

SIMPONI® ARIA™ DOSE \_\_\_\_\_ FREQUENCY \_\_\_\_\_

*Medication is provided by the physician's office.*

**CLINICAL CRITERIA:** To qualify, ALL appropriate boxes below must be checked or authorization process will be delayed.

• Prescriber is (check applicable box below)

- Rheumatologist      Gastroenterologist      Dermatologist

• Diagnosis of **rheumatoid arthritis:**

- Patient has tried and failed at least one previous DMARD therapy

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

**\*\*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: 1/16/2014

REVISED/UPDATED: 1/27/2014; 2/7/2014; 4/1/2014; 4/28/2014; 10/31/2014; 4/3/2015; 5/23/2015; 12/23/2015; 1/29/2016; 9/28/2016; 11/29/2016; 12/13/2016; 9/17/2017