

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: TALTZ® SQ (ixekizumab) (*self-administered*) (*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: _____

RECOMMENDED DOSE: 160mg (two 80mg injections) at Week 0; followed by 80mg at weeks 2, 4, 6, 8, 10, and 12; then 80mg every 4 weeks

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

Prescriber is a: Dermatologist Rheumatologist

Diagnosis: Moderate to Severe Chronic Plaque Psoriasis

Trial and failure of:

Phototherapy

OR

Alternative Systemic Therapy

UV Light Therapy

NB UV-B

PUVA

Oral Alternative Systemic Therapy

acitretin

methotrexate

cyclosporine

AND

Trial and failure of two (2) TNFs:

Enbrel®

AND

Humira®

Check Device to be used:

Auto-Injection or prefilled: 80 mg/mL solution in a single-use

Medication 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: 7/21/2016

REVISED/UPDATED: 9/8/2016; 9/20/2016; 11/29/2016; 12/14/2016; 9/18/2017; 10/7/2017