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: **Xalkori™** (crizotinib)

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 DOSAGE: *Xalkori™ (crizotinib) dosage is 200mg or 250mg orally twice daily.*

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

- ❑ Patient has locally advanced or metastatic non-small cell lung cancer.
- ❑ Documented copy of ALK-positive mutation or ROS-1 positive, as detected by an FDA-approved test.

Medication being provided by a 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:** 2/15/2007
REVISED/UPDATED: ~~9/9/2011; 4/2/2012; 8/18/2014; 9/24/2014; 11/6/2014; 5/22/2015; 12/29/2015; 6/9/2016; 9/20/2016; 11/29/2016; 12/14/2016; 9/18/2017;~~ **10/7/2017**