

# 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 1-844-723-2094. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. Incomplete form will delay the authorization process.

**Drug Requested:** Actemra® (tocilizumab) (IV INFUSION ONLY) (**J-3262**) (*Medical*).

**DRUG INFORMATION:** Please complete below. Incomplete information will delay the authorization process.

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

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

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

**CLINICAL CRITERIA:** Check all that apply. Applicable boxes must be checked to qualify. Incomplete data will delay the authorization process.

- Prescriber is a Rheumatologist
- Patient has tried and failed at least one (1) previous **DMARD** therapy including but not limited to: (*check each that have been tried*)
  - methotrexate
  - azathioprine
  - auranofin
  - hydroxychloroquine
  - sulfasalazine
  - leflunomide
  - Other: \_\_\_\_\_
- Patient has tried and failed two (2) of the following:
  - Cimzia™
  - Remicade®

**OR**

- Simponi® ARIA™

(Cimzia™, Remicade®, and Simponi® ARIA™ require prior authorization. Forms can be found at [www.Optimahealth.com](http://www.Optimahealth.com))

**Medication being provided by:** (Please check applicable box below.)

- Physician's office

**OR**

- Specialty Pharmacy:
- PropriumRx

**\*\*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: 6/17/2010

REVISED/UPDATED: 6/2/2011; 8/11/2011; 9/14/2011; 4/17/2012; 10/1/2012; 1/16/2014; 2/6/2014; 4/28/2014; 5/22/2014; 6/30/2014; 8/8/2014; 10/1/2014; 10/31/2014; 11/21/2014; 4/2/2015; 5/23/2015; 1/29/2016; 3/30/2016; 9/22/2016; 12/28/2016; 1/3/2017 8/1/2017