

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: Cuprimine® (penicillamine)

DRUG INFORMATION: Complete information below or authorization process will be delayed.

Drug Form/Strength: _____

Dosing Schedule: _____ **Length of Therapy:** _____

Diagnosis: _____ **ICD Code, if applicable:** _____

CLINICAL CRITERIA: All information below **MUST** be completed to ensure authorization will **NOT** be delayed.

DIAGNOSIS: Check the diagnosis below that applies. **ALL** criteria must be met for approval.

Initial authorization for Wilson's Disease: **ALL** criteria **must** be met to qualify for **initial 3 month** approval. Chart notes must be submitted for documentation.

- Patient **must** have diagnosis of Wilson's disease **AND**
- Medication **must** be prescribed by or in consultation with a gastroenterologist or hepatologist **AND**
- Diagnosis was confirmed by one of the following (**please submit labs or chart notes for documentation**):
 - Presence of Kayser-Fleisher rings
 - Serum ceruloplasmin (CPN) <20mg/dL
 - 24-hour urine copper > 40 mcg
 - Liver biopsy with copper dry weight > 250 mcg/g

AND

- Dose will not exceed 1.5gm/day

Reauthorization for approval for Wilson's Disease: **ALL** criteria **must** be met to qualify for continued **12 month** approval. Labs must be submitted for documentation.

- Patient's serum copper level is <10 mcg free copper/dL of serum **AND**
- Dose will not exceed 1.5gm/day

Initial authorization for Cystinuria: **ALL** criteria **must** be met to qualify for **6 month** approval. Chart notes must be submitted for documentation.

- Patient **must** have diagnosis of cystinuria **AND**
- Medication **must** be prescribed by or in consultation with a nephrologist or metabolic geneticist **AND**
- Patient must have urinary cystine excretion of >300mg/day **AND**

(continued on next page)

- Patient must have had 30 day trial and failure of potassium citrate or other urinary alkalinizing agent along with sodium and protein-restricted diet and hyperdiuresis (urine output of at least 3L/day) **AND**
- Dose will not exceed 4gm/day

Reauthorization for approval for Cystinuria: ALL criteria must be met to qualify for 12 month approval. Labs must be submitted for documentation.

- Patient must have urinary cystine excretion of <200mg/day **AND**
- Dose will not exceed 4gm/day

Initial approval for Severe Active Rheumatoid Arthritis: ALL criteria must be met to qualify for 6 month approval. Chart notes must be submitted for documentation

- Patient must have a diagnosis of severe active rheumatoid arthritis **AND**
- Medication must be prescribed by or in consultation with a rheumatologist **AND**
- Patient has had 30 day trial and failure of 2 of the following: Humira, Cimzia or Simponi **AND**
- Dose will not exceed 250mg/day for the first month and 1.5gm/day for maintenance therapy

Reauthorization for severe active rheumatoid arthritis: ALL criteria must be met to qualify for 6 month approval. Chart notes must be submitted for documentation.

- Patient must have shown a clinically significant improvement in rheumatoid arthritis symptoms with chart notes documenting improvement in symptoms

*****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: 8/16/2018
REVISED/UPDATED: 12/30/2018