

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 authorization process.*

Drug Requested: Entyvio® (vedolizumab) (J3380) (Medical)

DRUG INFORMATION: Complete all information below. Authorization process will be delayed if incomplete.

Drug Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code: _____

CLINICAL CRITERIA: Check boxes below. All applicable boxes **must** be checked to qualify or authorization process will be delayed.

- Prescriber is: Rheumatologist Gastroenterologist
- Diagnosis of: Crohn's Disease OR Ulcerative Colitis:
- Patient tried and failed **at least one previous 5-Aminosalicylates or Immunomodulators therapy**

<input type="checkbox"/> methotrexate	<input type="checkbox"/> azathioprine	<input type="checkbox"/> auranofin	<input type="checkbox"/> balsalazide
<input type="checkbox"/> sulfasalazine	<input type="checkbox"/> leflunomide	<input type="checkbox"/> mesalamine _____	<input type="checkbox"/> olsalazine
<input type="checkbox"/> oral aminosalicylates	<input type="checkbox"/> 6-mercaptopurine		

Medication being provided by (check applicable box below):

- Location/site of drug administration: _____
NPI or DEA # of administering location: _____
- 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: 8/21/2014

REVISED/UPDATED: 9/26/2014; 10/31/2014; 12/30/2014; 4/3/2015; 5/23/2015; 12/30/2015; 1/4/2016; 1/29/2016; 8/19/2016; 9/22/2016; 12/28/2016; 7/24/2017; 9/14/2017; 9/23/2017; 12/11/2017. 4/30/2018