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 *(select applicable drug below)***:**

❑ **Ibrance®** (palbociclib)	❑ **Kisqali®** (ribociclib)	❑ **Verzenio®** (abemaciclib)

DRUG INFORMATION: Complete below. Incomplete information will delay the authorization process.

Drug Name/Form: ____ **Strength/Quantity**: ___________________

Dosing Schedule: ______________________________________ **Length of Therapy**: _____________________

Diagnosis: ____ **ICD Code, *if applicable***: ________________

Quantity Limit: **Up to 21 doses per 28 days**

CLINICAL CRITERIA: Complete ALL boxes must be checked to qualify. Test results in chart documentation MUST be included with this form or authorization process will be delayed.

❑ Hormone receptor-positive (HR+), human epidermal growth factor receptor 2-negative (HER2-) advanced or metastatic breast cancer that has spread to other parts of the body (metastatic).

Medication being provided by a 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**: 7/16/2015;
REVISED/UPDATED: ~~8/11/2015; 12/28/2015; 4/17/16; 5/6/2016; 7/11/2016; 9/22/2016; 12/11/2016; 6/8/2017; 8/4/2017; 9/14/2017;~~ **6/14/2018**;