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: **Kineret™** (anakinra)

DRUG INFORMATION: Complete information below. If incomplete, authorization process will be delayed.

Drug Form/Strength/Quantity: _____

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

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

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

- ❑ Prescriber is a Rheumatologist.
- ❑ Patient is at least 18 years old and diagnosed with moderate to severely active rheumatoid arthritis.
- ❑ Patient has tried and failed ***at least one DMARD*** for at least ***three (3) months***: ***(Check each that has been tried)***
  - ❑ methotrexate ❑ azathioprine ❑ hydroxychloroquine ❑ sulfasalazine
  - ❑ leflunomide ❑ auranofin ❑ minocycline ❑ Other: _____
- ❑ Patient has tried and failed ***BOTH***:
  - ❑ Enbrel® (etanercept) **AND** ❑ Humira® (adalimumab) **AND** ❑ Xeljanz®/ Xeljanz® XR

(Enbrel® and Humira® both require Prior Authorization.
Forms can be found at www.Optimahealth.com)

Medication being provided by (check applicable box(es) 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**

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**: 10/20/2005
REVISED/UPDATED: ~~6/3/2011;~~
~~8/19/2011~~; ~~7/9/2012~~; ~~1/1/2014~~; ~~1/27/2014~~; ~~4/28/2014~~; ~~8/13/2014~~; ~~11/2/2014~~; ~~5/22/2015~~; ~~12/28/2015~~; ~~3/31/2016~~; ~~9/22/2016~~; ~~12/21/2016~~; **8/4/2017**;