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) ***(Non-Preferred)***

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

Drug Form/Strength/Quantity: _____

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

Diagnosis: _____ ***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 tried and failed ***at least one DMARD*** for at least ***three (3) months***: ***(Check each tried)***

❑ methotrexate	❑ azathioprine	❑ hydroxychloroquine	❑ sulfasalazine
❑ leflunomide	❑ auranofin	❑ minocycline	❑ Other: _____

- ❑ Trial and failure of ***two (2)*** of the ***PREFERRED*** biologics below:

❑ Humira®	❑ Cimzia®	❑ Simponi®

(Humira®, Cimzia®, and Simponi® 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;~~ **12/28/2017**