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: **Revlimid**® (lenalidomide)

DRUG INFORMATON: Complete below. Incomplete information will delay authorization process.

Drug Form/Strength: _____

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

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

CLINICAL CRITERIA: Check applicable box (es) below. If not checked, authorization process will be delayed.

- ❑ Prescriber is registered in the **REVLIMID REMS**® program.

AND

- ❑ Patient is being treated for transfusion-dependent anemia due to Low-or Intermediate-1-risk myelodysplastic syndromes associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities.

OR

- ❑ Patient is being treated for multiple myeloma, in combination with dexamethasone

OR

- ❑ Mantle cell lymphoma (MCL) whose disease has relapsed or progressed after two prior therapies, one of which included bortezomib.

Medication being provided by (check applicable box 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 notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone #: _____ Fax #: _____

DEA OR NPI #: _____

***Approved by the Pharmacy Therapeutics Committee**: 3/16/2006

REVISED/UPDATED: ~~6/3/2011; 9/7/2011; 8/13/2014; 11/5/2014; 5/12/15; 5/22/2015; 8/11/2015; 12/29/2015; 9/22/2016; 12/11/2016; 5/5/2017;~~ **8/7/2017**;