

# 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 1-800-750-9692. 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: **Stelara™** (ustekinumab) – **CROHN'S DISEASE**

**DRUG INFORMATION:** Information below must be completed or authorization process will be delayed.

Drug Form/Strength: \_\_\_\_\_

Dosing Schedule: \_\_\_\_\_ Length of Therapy: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ ICD Code: \_\_\_\_\_

**CLINICAL CRITERIA:** Check applicable boxes below to qualify. If NOT checked, authorization process will be delayed.

Prescriber is a:  Gastroenterologist

**Diagnosis:** Crohn's Disease:

Patient tried and failed at least one previous 5-Aminosalicylates or Immunomodulators therapy (check each tried):

<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"/> 6-mercaptopurine	<input type="checkbox"/> oral aminosalicylates
<input type="checkbox"/> olsalazine	<input type="checkbox"/> mesalamine _____		

### AND

budesonide or high does (40-60 mg prednisone) steroids

**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: 10/14/2016

REVISED/UPDATED: 12/28/2016; 8/6/2017; 9/18/2017; 12/28/2017.