

# 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.

**Drug Requested:** TALTZ® SQ (ixekizumab) (*self-administered*) (*Pharmacy*)

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

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

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

Diagnosis: \_\_\_\_\_ ICD Code, if applicable: \_\_\_\_\_

**RECOMMENDED DOSE:** 160mg (two 80mg injections) at Week 0; followed by 80mg at weeks 2, 4, 6, 8, 10, and 12; then 80mg every 4 weeks

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

Prescriber is a:  Dermatologist  Rheumatologist

**Diagnosis:**  Moderate to Severe Chronic Plaque Psoriasis

Trial and failure of:

Phototherapy

OR

Alternative Systemic Therapy

UV Light Therapy

Oral Alternative Systemic Therapy

NB UV-B

acitretin

PUVA

methotrexate

cyclosporine

**AND**

Trial and failure of **two (2)** TNFs:

Enbrel®

AND

Humira®

**Check Device to be used:**

Auto-Injection or prefilled: 80 mg/mL solution in a single-use

**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: 7/21/2016

Revised/Updated: 9/22/2016; 12/11/2016; 8/5/2017