

# SENTARA COMMUNITY PLAN (MEDICAID)

## 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. If the information provided is not complete, correct, or legible, the authorization process can be delayed.

**Drug Requested:** Otezla<sup>®</sup> (apremilast)

**MEMBER & PRESCRIBER INFORMATION:** Authorization may be delayed if incomplete.

**Member Name:** \_\_\_\_\_

**Member Sentara #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Prescriber Name:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**DEA OR NPI #:** \_\_\_\_\_

**DRUG INFORMATION:** Authorization may be delayed if incomplete.

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

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

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

**Weight:** \_\_\_\_\_ **Date:** \_\_\_\_\_

DIAGNOSIS	Recommended Dose
<input type="checkbox"/> <b>Active Psoriatic Arthritis (PsA)</b>	<ul style="list-style-type: none"><li>• Titrate to recommended dose of 30 mg twice daily. 60 tablets every 30 days</li></ul>
<input type="checkbox"/> <b>Moderate to Severe Chronic Plaque Psoriasis</b> - who are candidates for systemic therapy or phototherapy	<ul style="list-style-type: none"><li>• Titrate to recommended dose of 30 mg twice daily. 60 tablets every 30 days</li></ul>
<input type="checkbox"/> <b>Oral Ulcers associated with Behcet's Disease</b>	<ul style="list-style-type: none"><li>• Titrate to recommended dose of 30 mg twice daily. 60 tablets every 30 days</li></ul>

**CLINICAL CRITERIA:** Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

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**DIAGNOSES:** Check the applicable diagnosis below or authorization will be denied.

☐ **Active Psoriatic Arthritis (PsA)**

- ☐ Patient **must** have diagnosis of psoriatic arthritis.

**AND**

- ☐ Medication **must** be prescribed by or in consultation with a rheumatologist or dermatologist

**AND**

- ☐ Not receiving Otezla® in combination with a biologic DMARD [e.g., **Enbrel®** (etanercept), **Humira®** (adalimumab), **Simponi®** (golimumab), **Orencia®** (abatacept)]

**AND**

- ☐ Trial and failure of, contraindication, or adverse reaction to methotrexate

**AND**

- ☐ Trial and failure of **TWO (2) PREFERRED** drugs below:

<input type="checkbox"/> Humira®	<input type="checkbox"/> Enbrel®	<input type="checkbox"/> Infliximab
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☐ **Moderate to Severe Chronic Plaque Psoriasis - who are candidates for systemic therapy or phototherapy**

- ☐ Patient **must** have diagnosis of moderate to severe chronic plaque psoriasis

**AND**

- ☐ Medication **must** be prescribed by or in consultation with a dermatologist

**AND**

- ☐ Must have a previous failure on a topical psoriasis agent and be a candidate for phototherapy or systemic therapy

**AND**

- ☐ Not receiving Otezla® in combination with a biologic DMARD [e.g., **Enbrel®** (etanercept), **Humira®** (adalimumab), **Simponi®** (golimumab), **Orencia®** (abatacept)]

**AND**

- ☐ Trial and failure of, contraindication, or adverse reaction to methotrexate

**AND**

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- ☐ Trial and failure of **TWO (2) PREFERRED** drugs below

<input type="checkbox"/> Humira®	<input type="checkbox"/> Enbrel®	<input type="checkbox"/> Infliximab
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☐ **Oral Ulcers associated with Behcet's Disease**

- ☐ Medication **must** be prescribed by or in consultation with a rheumatologist or dermatologist

**AND**

- ☐ Member must have ulcers associated with Behcet's Disease

**Medication being provided by 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.\****