

# 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:** Olumiant<sup>®</sup> (baricitinib)

**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: \_\_\_\_\_

**Recommended Dosage:** One tablet (2mg) daily, Max quantity limit: (qty 30/30 days)

**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.

- Prescriber is a Rheumatologist

**AND**

- Member is  $\geq$  18 years old and has a diagnosis of moderately to severely active Rheumatoid Arthritis

**AND**

(Continued on next page)

- ❑ Trial and failure of methotrexate

**AND**

- ❑ Member has an inadequate response to **TWO (2)** of the **PREFERRED** biologics below:
  - ❑ Humira®
  - ❑ Enbrel®
  - ❑ Infliximab

**AND**

- ❑ Will not be used in combination with other JAK inhibitors, biologic disease-modifying antirheumatic drugs (DMARDs), OR with potent immunosuppressants, such as azathioprine and cyclosporine

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.\****