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® (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:** _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

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

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

Weight (if applicable): _____ **Date weight obtained:** _____

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.

- ❑ Member is 18 years of age or older
- ❑ Member has a diagnosis of moderately to severely active Rheumatoid Arthritis

(Continued on next page)

- ❑ Trial and failure of **TWO (2)** of the preferred drugs below:

❑ Humira®	❑ Enbrel®	❑ Infliximab

- ❑ 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.*

***Approved by Pharmacy and Therapeutics Committee:** 10/18/2018
REVISED/UPDATED: ~~12/13/2018; (Rev) 4/6/2019; 9/7/2019; 6/28/2021; 7/8/2022, 6/20/2023, 11/10/2023~~**, 10/16/2025**