

# OPTIMA HEALTH MEDICAID

## 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 **1-804-799-5118**. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If information provided is not complete, correct, or legible, authorization process can be delayed.**

### Parenteral Iron Products

**Drug Requested:** (select ONE of drugs below) **(Medical)**

**Injectafer<sup>®</sup>** (ferric carboxymaltose) **J1439**

**Monoferric<sup>®</sup>** (ferric derisomaltose) **J1437**

**Feraheme<sup>®</sup>** (ferumoxytol) **Q0138**

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

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

Member Optima #: \_\_\_\_\_ 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: \_\_\_\_\_

- Standard Review. In checking this box, the timeframe does not jeopardize the life or health of the member or the member's ability to regain maximum function and would not subject the member to severe pain.

**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.

**Length of Authorization: 2 months**

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**❑ Diagnosis: Iron-deficiency anemia**

- ❑ Provider has submitted the following labs collected within the last 30 days:
  - ❑ Serum ferritin (iron) **AND** total iron binding capacity (TIBC)
  - ❑ Transferrin saturation (TSAT%) \***Note:**  $TSAT\% = (\text{Serum iron}/\text{TIBC}) \times 100\%$
- ❑ Lab documentation show member's TSAT < 20%
- ❑ Provider has submitted documentation to confirm member has tried and failed **ONE** of the following preferred parenteral iron preparations
  - ❑ Feraheme<sup>®</sup> (ferumoxytol)
  - ❑ Ferrlecit<sup>®</sup> (sodium ferric gluconate complex)
  - ❑ INFeD<sup>®</sup> (iron dextran)
  - ❑ Venofer<sup>®</sup> (iron sucrose)

**❑ Diagnosis: Moderate-to-severe restless leg syndrome (RLS)**

- ❑ Member is 18 years of age and older
- ❑ Provider has submitted the following labs collected within the last 30 days:
  - ❑ Serum ferritin (iron) **AND** total iron binding capacity (TIBC)
  - ❑ Transferrin saturation (TSAT%) \***Note:**  $TSAT\% = (\text{Serum iron}/\text{TIBC}) \times 100\%$
- ❑ Lab documentation shows member's TSAT <20% after trial of an oral iron supplement
- ❑ Member has tried and had an unsatisfactory response, intolerance or contraindication to oral iron administration
- ❑ Provider has submitted documentation to confirm member has tried and failed **ONE** of the following preferred parenteral iron preparations
  - ❑ Feraheme<sup>®</sup> (ferumoxytol)
  - ❑ Ferrlecit<sup>®</sup> (sodium ferric gluconate complex)
  - ❑ INFeD<sup>®</sup> (iron dextran)
  - ❑ Venofer<sup>®</sup> (iron sucrose)

**❑ Diagnosis: Management of cancer and chemotherapy-induced anemia**

- ❑ Provider has submitted the following labs collected within the last 30 days:
  - ❑ Serum ferritin (iron) **AND** total iron binding capacity (TIBC)
  - ❑ Transferrin saturation (TSAT%) \***Note:**  $TSAT\% = (\text{Serum iron}/\text{TIBC}) \times 100\%$
- ❑ Provider has submitted documentation to confirm member has tried and failed **ONE** of the following preferred parenteral iron preparations
  - ❑ Feraheme<sup>®</sup> (ferumoxytol)

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PA Parenteral Iron Products (Medical)(Medicaid)  
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- Ferrlecit<sup>®</sup> (sodium ferric gluconate complex)
- INFeD<sup>®</sup> (iron dextran)
- Venofer<sup>®</sup> (iron sucrose)
- Member has functional iron deficiency and must meet **ONE** of the following:
  - Member has a TSAT < 50% with the goal of avoiding allogenic transfusion
  - Member has a TSAT < 50% and requested medication will be used in combination with erythropoiesis-stimulating agents (ESAs)

**Medication being provided by (check applicable box(es) below):**

- Location/site of drug administration: \_\_\_\_\_  
NPI or DEA # of administering location: \_\_\_\_\_

**OR**

- Specialty Pharmacy – Proprium Rx

**For urgent reviews:** Practitioner should call Optima Pre-Authorization Department if they believe a standard review would subject the member to adverse health consequences. Optima's definition of urgent is a lack of treatment that could seriously jeopardize the life or health of the member or the member's ability to regain maximum function.

***\*\*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.\****