CYTOKINE AND CAM ANTAGONISTS PRIOR AUTHORIZATION FORM



AmeriHealth Caritas Pennsylvania PERFORMR

(form effective 1/8/2024)

Fax to PerformRx[™] at **1-855-851-4058**, or to speak to a representative, call **1-888-674-8720**.

PRIOR AUTHORIZ	ATION REQU	EST INFORMATION					
□ New request □ Renewal request Total # of pages:							
Name of office contact:		Contact's pho	Contact's phone number:		LTC facility contact/phone:		
PATIENT INFORM	ATION						1
Patient name:			P	Patient ID #:			DOB:
Street address:	1				I		
Apt #:	City/state/zip:				Phone:		
PRESCRIBER INFO	ORMATION						
Prescriber name:							Γ
Specialty:				NPI:			State license #:
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Diagnosis (submit documentation):			D	Dx code (required): Beneficiary weight:			
Is the beneficiary currently being treated with the requested medication?				□ Yes – date of last dose: Submit documentation. □ No			
Is the requested medication prescribed by or in consultation with a specialist (e.g., rheumatologist, dermatologist, gastroenterologist, etc)?				□ Yes □ No If prescriber is not a specialist, submit documentation of consultation.			

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INITIAL REQUESTS (continued)

11. Juvenile idiopathic arthritis:

- □ Has systemic disease with active systemic features
- \Box Has disease associated with any of the following:
 - □ Positive anti-CCP antibodies
 - □ Positive rheumatoid factor
 - □ Presence of joint damage
 - □ At high risk of disabling joint damage
 - \Box High disease activity
 - □ Involvement of high-risk joints (cervical spine, hip, wrist)
- Tried and failed a 3-month trial of or has a contraindication or an intolerance to conventional DMARDs (e.g., MTX)
- □ Has active sacroiliitis and/or enthesitis:
- □ Tried and failed a 2-week trial of or has a contraindication or an intolerance to oral NSAIDs

12. Plaque psoriasis:

- \Box Has a BSA of \geq 3% that is affected
- □ Has involvement of critical areas of the body (eg, skin folds, face, genitals)
- □ Has psoriasis that causes significant disability or impaired physical, mental, or psychosocial functioning
- □ Has moderate-to-severe nail disease
- □ Tried and failed a 4-week trial of or has a contraindication or an intolerance to topical corticosteroids
- Tried and failed an 8-week trial of or has a contraindication or an intolerance to non-steroid topical medications (e.g., anthralin, calcineurin inhibitor, tazarotene, etc)

13. Polymyalgia rheumatica:

- Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
- □ Has steroid-dependent disease with intent to decrease or discontinue dose of steroid with use of Cytokine and CAM Antagonist

14. Psoriatic arthritis:

Tried and failed an 8-week trial of or has a contraindication or an intolerance to conventional DMARDs (e.g., AZA, leflunomide, MTX, SSZ)

- □ Has predominantly axial disease, dactylitis, and/or enthesitis
- \Box Has severe disease
- $\hfill\square$ Has comorbid moderate-to-severe nail psoriasis
- $\hfill\square$ Has comorbid active inflammatory bowel disease

15. Rheumatoid arthritis:

Tried and failed a 3-month trial of or has a contraindication or an intolerance to conventional DMARDs (e.g., AZA, leflunomide, MTX, etc.)

16. Sarcoidosis:

Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids

- □ Has steroid-dependent disease
- Tried and failed or has a contraindication or an intolerance to a conventional DMARD (e.g., AZA, leflunomide, MTX, mycophenolate)

17. Ulcerative colitis:

- Has moderate-to-severe disease
- □ Has disease associated with multiple poor prognostic factors
- Tried and failed to achieve remission with or has a contraindication or an intolerance to an induction course of corticosteroids
- Tried and failed to maintain remission with or has a contraindication or an intolerance to conventional immunomodulators (e.g., AZA, cyclosporine, 6-MP, MTX)

18. Uveitis (non-infectious):

- □ Has comorbid juvenile idiopathic arthritis
- □ Has comorbid Behçet's syndrome
- Has steroid-dependent disease with intent to decrease or discontinue dose of steroid with use of Cytokine and CAM Antagonist
- Tried and failed or has a contraindication or an intolerance to systemic, topical, intraocular, or periocular corticosteroids
- Tried and failed or has a contraindication or an intolerance to conventional systemic immunosuppressives (e.g., AZA, MTX, MMF, etc)

19. Spevigo (spesolimab) for treatment of generalized pustular psoriasis (GPP) flares:

□ Has received a single dose of Spevigo (spesolimab) for current GPP flare:

- □ Continues to experience moderate to severe GPP flare symptoms since the previous dose
- □ Has not received a dose of Spevigo (spesolimab) for current GPP flare:
- □ Is experiencing a moderate to severe GPP flare that warrants rapid stabilization or improvement

20. Other diagnosis:

□ List other treatments tried (including start/stop dates, dose, outcomes):

RENEWAL REQUESTS

- Experienced an improvement in disease severity or level of functioning since starting therapy with the requested medication
- Is prescribed an increased dose or more frequent administration of the requested medication that is supported by peer-reviewed medical literature or national treatment guidelines
 Requested drug is OTEZLA (apremilast) or SILIQ (brodalumab):
- □ Was recently reevaluated for behavioral and mood changes

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION						
Prescriber signature:	Date:					

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