



Please complete ALL information below and fax your request to 1-888-671-5285

Immune Modulating Therapy Prior Authorization Request Form (Page 1 of 4)

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| Member Information (required) | | | Provider Information (required) | | |
|-------------------------------|--------|------|---------------------------------|------------|------|
| Member Name: | | | Provider Name: | | |
| Insurance ID#: | | | NPI#: | Specialty: | |
| Date of Birth: | | | Office Phone: | | |
| Street Address: | | | Office Fax: | | |
| City: | State: | Zip: | Office Street Address: | | |
| Phone: | | | City: | State: | Zip: |

| Medication Information (required) | | |
|---|-----------|---------------------|
| Medication Name: | Strength: | Dosage Form: |
| <input type="checkbox"/> Check if generic substitution is acceptable | | Directions for Use: |
| <input type="checkbox"/> Check if request is for continuation of therapy | | |

| Clinical Information (required) | |
|--|---|
| Select the diagnosis below: | |
| <input type="checkbox"/> Ankylosing spondylitis | <input type="checkbox"/> Polyarticular juvenile idiopathic arthritis (PJIA) |
| <input type="checkbox"/> Crohn's disease | <input type="checkbox"/> Psoriatic arthritis |
| <input type="checkbox"/> Cryopyrin-associated periodic syndromes (CAPS) | <input type="checkbox"/> Rheumatoid arthritis (RA) |
| <input type="checkbox"/> Giant cell arteritis | <input type="checkbox"/> Systemic juvenile idiopathic arthritis (SJIA) |
| <input type="checkbox"/> Hidradenitis suppurativa | <input type="checkbox"/> Ulcerative colitis |
| <input type="checkbox"/> Non-radiographic axial spondyloarthritis (nr-axSpA) | <input type="checkbox"/> Uveitis |
| <input type="checkbox"/> Plaque psoriasis | |
| <input type="checkbox"/> Other diagnosis: _____ | ICD-10 Code(s): _____ |

| |
|--|
| Prescriber's Specialty: |
| Select if the requested medication is recommended by one of the following specialists: |
| <input type="checkbox"/> Dermatologist |
| <input type="checkbox"/> Gastroenterologist |
| <input type="checkbox"/> Ophthalmologist |
| <input type="checkbox"/> Rheumatologist |
| <input type="checkbox"/> Other: _____ |

| |
|---|
| Ankylosing Spondylitis: |
| For Cimzia (certolizumab), Humira (adalimumab), or Simponi (golimumab) requests: |
| Has the patient had inadequate response or inability to tolerate one of the following disease-modifying anti-rheumatic drugs (DMARDs): methotrexate, hydroxychloroquine, leflunomide, azathioprine, sulfasalazine? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| For Cosentyx (secukinumab) or Enbrel (etanercept) requests: |
| Does the patient have active disease? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Select if the patient has inadequate response, inability to tolerate, or documentation demonstrating a trial may be inappropriate of the following: |
| <input type="checkbox"/> Cimzia (certolizumab) <input type="checkbox"/> Humira (adalimumab) <input type="checkbox"/> Simponi (golimumab) |
| Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Crohn's Disease:

For **Cimzia** (certolizumab), **Humira** (adalimumab), or **Stelara** (ustekinumab) requests:

Does the patient have moderate to severe Crohn's disease? Yes No

Select if the patient has had inadequate response or inability to tolerate one drug from any of the following groups:

- Aminosalicylates: mesalamine (Asacol, Canasa, Pentasa, Rowasa), sulfasalazine
- Antibiotics: levofloxacin, metronidazole
- Corticosteroids: budesonide (Entocort EC), hydrocortisone, methylprednisolone, prednisone
- Immunomodulators: 6-mercaptopurine, azathioprine, cyclosporine, methotrexate, tacrolimus (Prograf)

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

Cryopyrin-Associated Periodic Syndromes (CAPS):

For **Arcalyst** (rilonacept) requests:

Does the patient have a diagnosis of cryopyrin-associated periodic syndromes (CAPS), including familial cold auto-inflammatory syndrome (FCAS) and/or Muckle-Wells syndrome (MWS)? Yes No

Was Arcalyst prescribed by or in consultation with an immunologist, allergist, dermatologist, rheumatologist, neurologist or other medical specialist? Yes No

Will the patient be using the requested medication in concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

For **Kineret** (anakinra) requests:

Does the patient have a diagnosis of neonatal onset multisystem inflammatory disease (NOMID)? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

Giant Cell Arteritis:

For **Actemra SQ** (tocilizumab) requests:

Has the patient had inadequate response or inability to tolerate a glucocorticoid (i.e., prednisone)? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

Hidradenitis Suppurativa:

For **Humira** (adalimumab) requests:

Does the patient have moderate to severe hidradenitis suppurativa (i.e., Hurley stage II or III)? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

Non-radiographic Axial Spondyloarthritis (nr-axSpA):

For **Cimzia** (certolizumab) requests:

Does the patient have objective signs of inflammation? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

Plaque Psoriasis:

For **Cimzia** (certolizumab), **Humira** (adalimumab), **Otezla** (apremilast), **Stelara** (ustekinumab), or **Tremfya** (guselkumab) requests:

Does the patient have moderate to severe chronic plaque psoriasis? Yes No

Has the patient had inadequate response or inability to tolerate one of the following: topical calcipotriene-containing products, topical anthralin, topical steroids, topical immune modulators (Elidel, Protopic), and/or topical retinoids? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

For **Cosentyx** (secukinumab), **Enbrel** (etanercept), **Skyrizi** (risankizumab-rzaa), or **Taltz** (ixekizumab) requests:

Does the patient have moderate to severe chronic plaque psoriasis? Yes No

Has the patient had inadequate response or inability to tolerate one of the following: topical calcipotriene-containing products, topical anthralin, topical steroids, topical immune modulators (Elidel, Protopic), and/or topical retinoids? Yes No

Select if the patient has inadequate response, inability to tolerate, or documentation demonstrating a trial may be inappropriate of the following:

- Cimzia** (certolizumab)
 Humira (adalimumab)
 Stelara (ustekinumab)
 Tremfya (guselkumab)

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For **Siliq** (brodalumab) requests:

Does the patient have moderate to severe chronic plaque psoriasis? Yes No

Has the patient had inadequate response or inability to tolerate one of the following: topical calcipotriene-containing products, topical anthralin, topical steroids, topical immune modulators (Elidel, Protopic), and/or topical retinoids? Yes No

Select if the patient has inadequate response, inability to tolerate, or documentation demonstrating a trial may be inappropriate of the following:

Cimzia (certolizumab) **Humira** (adalimumab) **Stelara** (ustekinumab) **Tremfya** (guselkumab)

Has the patient been evaluated for depression and suicidal ideations using the PHQ-9? Yes No

Reauthorization for Siliq:

Is there documentation the patient has had positive response to therapy with Siliq (brodalumab)? Yes No

Is there documentation the patient has been evaluated for depression and suicidal ideations using the PHQ-9? Yes No

Polyarticular Juvenile Idiopathic Arthritis (PJIA):

For **Humira** (adalimumab) requests:

Does the patient have moderate to severe PJIA? Yes No

Has the patient had inadequate response or inability to tolerate one of the following disease-modifying anti-rheumatic drugs (DMARDs): methotrexate, hydroxychloroquine, leflunomide, azathioprine, sulfasalazine? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

For **Actemra SQ** (tocilizumab), **Enbrel** (etanercept) or **Orencia SQ** (abatacept) requests:

Does the patient have moderate to severe PJIA? Yes No

Has the patient had inadequate response, inability to tolerate, or documentation demonstrating a trial may be inappropriate of **Humira** (adalimumab)? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

Psoriatic Arthritis:

For **Cimzia** (certolizumab), **Humira** (adalimumab), **Otezla** (apremilast), **Simponi** (golimumab), or **Stelara** (ustekinumab) requests:

Does the patient have moderate to severe psoriatic arthritis? Yes No

Has the patient had inadequate response or inability to tolerate one of the following disease-modifying anti-rheumatic drugs (DMARDs): methotrexate, hydroxychloroquine, leflunomide, azathioprine, sulfasalazine? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

For **Cosentyx** (secukinumab), **Enbrel** (etanercept), **Orencia SQ** (abatacept), **Taltz** (ixekizumab), or **Xeljanz/Xeljanz XR** (tofacitinib) requests:

Does the patient have moderate to severe psoriatic arthritis? Yes No

Select if the patient has inadequate response, inability to tolerate, or documentation demonstrating a trial may be inappropriate of the following:

Cimzia (certolizumab) **Humira** (adalimumab) **Simponi** (golimumab) **Stelara** (ustekinumab)

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

Rheumatoid Arthritis:

For **Cimzia** (certolizumab), **Humira** (adalimumab), or **Simponi** (golimumab) requests:

Does the patient have moderate to severe rheumatoid arthritis? Yes No

Has the patient had inadequate response or inability to tolerate one of the following disease-modifying anti-rheumatic drugs (DMARDs): methotrexate, hydroxychloroquine, leflunomide, azathioprine, sulfasalazine? Yes No

Will the patient be using the requested medication in combination with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

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For **Actemra SQ** (tocilizumab), **Enbrel** (etanercept), **Kevzara** (sarilumab), **Kineret** (anakinra), **Olumiant** (baricitinib), or **Orencia SQ** (abatacept) requests:

Does the patient have moderate to severe rheumatoid arthritis? Yes No

Select if the patient has inadequate response, inability to tolerate, or documentation demonstrating a trial may be inappropriate of the following:

Cimzia (certolizumab) **Humira** (adalimumab) **Simponi** (golimumab)

Will the patient be using the requested medication in combination with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

For **Xeljanz/Xeljanz XR** (tofacitinib) requests:

Does the patient have moderate to severe rheumatoid arthritis? Yes No

Does the patient have inadequate response or inability to tolerate methotrexate? Yes No

Select if the patient has inadequate response, inability to tolerate, or documentation demonstrating a trial may be inappropriate of the following:

Cimzia (certolizumab) **Humira** (adalimumab) **Simponi** (golimumab)

Select if the patient will be using the requested medication concurrently with the following:

A biologic DMARD (i.e., tumor necrosis factor antagonists)
 A potent immunosuppressant (i.e., azathioprine, cyclosporine)

Systemic Juvenile Idiopathic Arthritis (SJIA):

For **Actemra SQ** (tocilizumab) requests:

Does the patient have active systemic juvenile idiopathic arthritis (SJIA)? Yes No

Ulcerative Colitis:

For **Humira** (adalimumab) or **Simponi** (golimumab) requests:

Does the patient have moderate to severe ulcerative colitis? Yes No

Has the patient had inadequate response or inability to tolerate one of the following medications: corticosteroids, azathioprine, 6-mercaptopurine, and/or aminosalicylates? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

For **Xeljanz/Xeljanz XR** (tofacitinib) requests:

Does the patient have moderate to severe ulcerative colitis? Yes No

Has the patient had inadequate response or inability to tolerate one of the following medications: corticosteroids, azathioprine, 6-mercaptopurine? Yes No

Has the patient had inadequate response or inability to tolerate Humira and Simponi? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

Uveitis:

For **Humira** (adalimumab) requests:

Does the patient have non-infectious intermediate, posterior, or panuveitis? Yes No

Has the patient had inadequate response or inability to tolerate ophthalmic and oral corticosteroids? Yes No

Will the patient be using the requested medication concurrently with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? Yes No

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.⁵

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