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

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<table>
<thead>
<tr>
<th>Member Information (required)</th>
<th>Provider Information (required)</th>
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</thead>
<tbody>
<tr>
<td>Member Name:</td>
<td>Provider Name:</td>
</tr>
<tr>
<td>Insurance ID#:</td>
<td>NPI#:</td>
</tr>
<tr>
<td>Date of Birth:</td>
<td>Office Phone:</td>
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<tr>
<td>Street Address:</td>
<td>Office Fax:</td>
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<tr>
<td>City:</td>
<td>Office Street Address:</td>
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<thead>
<tr>
<th>Medication Information (required)</th>
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</thead>
<tbody>
<tr>
<td>Medication Name:</td>
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<tr>
<td>Strength:</td>
</tr>
<tr>
<td>Dosage Form:</td>
</tr>
<tr>
<td>Check if generic substitution is acceptable</td>
</tr>
<tr>
<td>Check if request is for continuation of therapy</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Clinical Information (required)</th>
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<tbody>
<tr>
<td>Select the diagnosis below:</td>
</tr>
<tr>
<td>Ankylosing spondylitis</td>
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<tr>
<td>Crohn's disease</td>
</tr>
<tr>
<td>Cryopyrin-associated periodic syndromes (CAPS)</td>
</tr>
<tr>
<td>Giant cell arteritis</td>
</tr>
<tr>
<td>Hidradenitis suppurativa</td>
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<tr>
<td>Plaque psoriasis</td>
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<tr>
<td>Other diagnosis:</td>
</tr>
<tr>
<td>ICD-10 Code(s):</td>
</tr>
<tr>
<td>Prescriber's Specialty:</td>
</tr>
<tr>
<td>Select if the requested medication is recommended by one of the following specialists:</td>
</tr>
<tr>
<td>Dermatologist</td>
</tr>
<tr>
<td>Gastroenterologist</td>
</tr>
<tr>
<td>Ophthalmologist</td>
</tr>
<tr>
<td>Rheumatologist</td>
</tr>
<tr>
<td>Other:</td>
</tr>
</tbody>
</table>

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? □ 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

For Cosentyx (secukinumab) or Enbrel (etanercept) requests:
Does the patient have active disease? □ 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
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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 the following medications:
  - 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 in combination 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 combination 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 in combination 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 in combination 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 in combination 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
- Does the patient have 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 in combination with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? [ ] Yes [ ] No

For **Cosentyx** (secukinumab), **Enbrel** (etanercept), or **Taltz** (ixekizumab) requests:
- Does the patient have moderate to severe chronic plaque psoriasis? [ ] Yes [ ] No
- Does the patient have 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)

For **Otezla** (apremilast) or **Rasuvo** (methotrexate injection) requests:
- Does the patient have severe psoriasis? [ ] Yes [ ] No
- Does the patient have inadequate response to ALL other standard therapy (e.g., oral methotrexate, all topical therapy modalities, phototherapy, etc.)? [ ] Yes [ ] No

<continued on the next page>
For Siliq (brodalumab) requests:

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

Does the patient have inadequate response or inability to tolerate one of the following: topical calcipotriene-containing products, topical anthralin, topical steroids, topical immune modulators (Eldel, 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

For Humira (adalimumab) requests:

Does the patient have moderate to severe PJA? □ 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

For Enbrel (etanercept) or Orecia SC (abatacept) requests:

Does the patient have moderate to severe PJA? □ Yes □ No

Does the patient have 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 in combination with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? □ Yes □ No

For Otrexup (methotrexate injection) or Rasuvo (methotrexate injection) requests:

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

For Simponi (golimumab) or 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 in combination with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? □ Yes □ No

For Cosentyx (secukinumab), Enbrel (etanercept), Orecia 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 in combination with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? □ Yes □ No

For Otrexup (methotrexate injection) or Rasuvo (methotrexate injection) requests:

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

For Psoriatic Arthritis:

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 in combination with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)? □ Yes □ No

For Rheumatoid Arthritis:

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 SC** (tocilizumab), **Enbrel** (etanercept), **Kevzara** (sarilumab), **Kineret** (anakinra), **O不相信 (baricitinib)**, or **Orenica SC** (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 **Simponi** (golimumab) requests:

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

Will the patient use Simponi in conjunction with methotrexate?  
- 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

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)

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

**Will the patient be using the requested medication in combination with a potent immunosuppressant (i.e., azathioprine, cyclosporine)?**  
- Yes  
- No

For **Otrexup** (methotrexate injection) or **Rasuvo** (methotrexate injection) requests:

- Does the patient have severe, active rheumatoid arthritis?  
  - Yes  
  - No

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

### Ulcerative Colitis:

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

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

**Does the patient have 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 in combination with any other biologic DMARDs (i.e., tumor necrosis factor antagonists)?**  
- Yes  
- No

For **Xeljanz** (tofacitinib) requests:

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

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

**Does the patient have inadequate response or inability to tolerate Humira AND Simponi?**  
- 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

### Uveitis:

For **Humira** (adalimumab) requests:

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

**Does the patient have inadequate response or inability to tolerate ophthalmic and oral corticosteroids?**  
- 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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**Please note:**  
This request may be denied unless all required information is received.

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