REALRx

PRIOR AUTHORIZATION REQUEST FORM

ULCERATIVE COLITIS

Hadlima™, Humira®, Rinvoq®, Simponi®, Stelara®, Xeljanz®

For authorization, please answer each question and fax this form PLUS chart notes back to Real Rx at 385-425-4052.

Failure to submit clinical documentation to support this request will result in a dismissal of the request.

If you have prior authorization questions, please call for assistance 385-425-5094.

Disclaimer: Prior authorization request forms are subject to change in accordance with Federal and State notice requirements.

Date:	Member Name:	ID#:
DOB:	Gender:	Physician:
Office Phone:	Office Fax:	Office Contact:
Height/Weight:		HCPCS Code:

Member must try formulary preferred drugs before a request for a non-preferred drug may be considered. If treatment with preferred products has not been successful, you must submit which preferred products have been tried, dates of treatment, and reason for failure. Reasons for failure must meet the Health Plan medical necessity criteria.

Preferred Brands: Hadlima™ (adalimumab-bwwd), Humira® (adalimumab), Rinvoq® (upadacitinib), Simponi® (golimumab), Stelara® (ustekinumab), Xeljanz/XR® (tofacitinib)

Product being requested: _____

Dosing/Frequency:_____

If the request is for reauthorization, proceed to reauthorization section

Questions	Yes	No	Comments/Notes
1. Is the requested medication being purchased by the provider's office and to be billed under the medical benefit ('buy-and-bill')?	☐	☐	
Is this request for an **expedited** review? 2. By checking the **"Yes"** box to request an expedited review (24 hours), you are certifying that applying the standard review time frame (72 hours) may place the member's life, health, or ability to regain maximum function in serious jeopardy.	☐	☐	
MODERATE TO SEVERE ULCERATIVE COLITIS			
1. Has the member been diagnosed with moderate to severe Ulcerative Colitis?	☐	☐	**Please provide documentation**
2. Is the prescribing provider a gastroenterologist or in consultation with a gastroenterologist?	☐	☐	
3. Has the provider performed tuberculosis (TB) screening prior to therapy initiation?	☐	☐	**Please provide documentation**
4. If the request is for Tumor Necrosis Factor Inhibitors (TNFIs), Rinvoq, or Xeljanz, has the provider performed hepatitis B screening prior to therapy initiation?	☐	☐	**Please provide documentation**

5. Has the member had an adequate trial and failure of at least one of the following, or contraindication to all: • High dose oral 5-aminosalicyclic acid drug • Topical 5-aminosalicylic acid drug	☐	☐	**Please provide documentation**
6. If the request is for Rinvoq or Xeljanz/XR, does documentation show inadequate response or intolerance to at least one tumor necrosis factor (TNF) blocker such as an infliximab product, Cimzia, Humira and/or Simponi and does documentation show the member will not be receiving Rinvoq or Xeljanz/XR in combination with a potent immunosuppressant (e.g., azathioprine or cyclosporine)?	☐	☐	**Please provide documentation**
SEVERE ULCERATIVE COLITIS			
1. Has the member been diagnosed with severe Ulcerative Colitis? • Has the patient had more than 6 stools per day with blood OR has systemic symptoms (fever, tachycardia, anemia or erythrocyte sedimentation rate > 30mm/h)?	☐	☐	**Please provide documentation**
2. Is the prescribing provider a gastroenterologist or in consultation with a gastroenterologist?	☐	☐	**Please provide documentation**
3. Has the provider performed tuberculosis (TB) screening prior to therapy initiation?	☐	☐	**Please provide documentation**
4. Has the provider performed hepatitis B screening prior to therapy initiation?	☐	☐	**Please provide documentation**
5. If the request is for Rinvoq or Xeljanz/XR, does documentation show inadequate response or intolerance to at least one tumor necrosis factor (TNF) blocker such as an infliximab product, Cimzia, Humira and/or Simponi and does documentation show the member will not be receiving Rinvoq or Xeljanz/XR in combination with a potent immunosuppressant (e.g., azathioprine or cyclosporine)?	☐	☐	**Please provide documentation**
FULMINANT COLITIS			
1. Has the member been diagnosed with fulminant colitis? • Has the member had more than 10 bowel movements per day with continuous bleeding OR has colonic dilation, transfusion requirement, or toxicity?	☐	☐	**Please provide documentation**
2. Is the prescribing provider a gastroenterologist or in consultation with a gastroenterologist?	☐	☐	**Please provide documentation**
3. Has the provider performed tuberculosis (TB) screening prior to therapy initiation?	☐	☐	**Please provide documentation**
4. Has the provider performed hepatitis B screening prior to therapy initiation?	☐	☐	**Please provide documentation**
5. If the request is for Rinvoq or Xeljanz/XR, does documentation show inadequate response or intolerance to at least one tumor necrosis factor (TNF) blocker such as an infliximab product, Cimzia, Humira and/or Simponi and does documentation show the member will not be receiving Rinvoq or Xeljanz/XR in combination with a potent immunosuppressant (e.g., azathioprine or cyclosporine)?	☐	☐	**Please provide documentation**
REAUTHORIZATION			
1. Is the request for reauthorization of therapy?	☐	☐	
2. Does updated clinical documentation show a positive response to therapy, such as a decrease or stabilization in the Disease Activity Index (DAI) score?	☐	☐	**Please provide documentation**

3. Has the provider performed continued tuberculosis monitoring during therapy?	☐	☐	**Please provide documentation**
4. Has the provider performed continued Hepatitis B monitoring in HBV carriers?	☐	☐	**Please provide documentation**

What medications and/or treatment modalities have been tried in the past for this condition? Please document name of treatment, reason for failure, treatment dates, etc.

Additional information:

Physician's Signature:

**** Failure to submit clinical documentation to support this request will result in a dismissal of the request.****

Policy: PHARM-075
Origination Date: 03/30/2018
Reviewed/Revised Date: 09/13/2023
Next Review Date: 09/13/2024
Current Effective Date: 10/01/2023