HEALTHY U MEDICAID

PRIOR AUTHORIZATION REQUEST FORM RHEUMATOID ARTHRITIS

Actemra[®], Avsola[®], Cimzia[®], Enbrel[®], Hadlima[™], Humira[®], Inflectra[®], Kevzara[®], Kineret[®], Olumiant[®], Orencia[®], Remicade[®], Renflexis[®], Riabni[®], Rinvoq[®], Rituxan[®], Ruxience[®], Simponi[®], Truxima[®], Xeljanz[®]/XR For authorization, please answer each question and fax this form PLUS chart notes back to the Healthy U Prior Authorization Department.

- For Medical Pharmacy please fax requests to: 801-213-1547
- For Retail Pharmacy please fax requests to: 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 Pharmacy Customer Service for assistance at 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 at least two formulary preferred drugs before a request for a non-formulary 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/Non-Formulary:

1. 1st Line Preferred Agents:

- A. Hadlima[™] (adalimumab-bwwd)
- B. Infliximab products: Avsola[®] (infliximab-axxq), Inflectra[®] (infliximab-dyyb), infliximab, Remicade (infliximab), Renflexis[®] (infliximab-abda)
- C. Rituximab biosimilar products: Riabni[®] (rituximab-arrx), Ruxience[®] (rituximab-pvvr), Truxima[®] (rituximab-abbs)

2. 2nd line preferred agents with single step; after trial and failure of BOTH Hadlima and a preferred infliximab agent:

- A. Actemra[®] (tocilizumab), Cimzia[®] (certolizumab), Humira[®] (adalimumab), Kevzara[®] (sarilumab), Kineret[®] (anakinra), Olumiant[®] (baricitinb), Orencia[®] (abatacept), Xeljanz/XR[®] (tofacitinib)
- 3. Non-Formulary Agents with a triple step; after trial and failure of BOTH Hadlima and a preferred infliximab agent and 2 second line agents:
 - A. Enbrel[®] (etanercept), Rinvoq[®] (upadacitinib), Simponi[®] (golimumab)

Product being requested: _____

Dosing/Frequency:

If the request is for reauthorization, proceed to reauthorization section					
	Questions	Yes	No	Comments/Notes	
1.	Is the member 18 years of age or older?				
2.	Is the requesting provider a rheumatologist or in consultation				
	with a rheumatologist?				
3.	Is the member's condition moderate to severe based on the			Please provide documentation	
	Disease Activity Score (DAS28) or is a tender and swollen joint				

disease modifying antirheumatic drug (DMARD) (e.g. hydroxychloroquine, leflunomide, methotrexate, sulfasalazine) or contraindication to all? If oral methotrexate is not tolerated, intramuscular or subcutaneous methotrexate must be tried If the request is for Rinvoq, Olumiant, or Xeljanz/XR, does documentation show inadequate response or intolerance to at least one TNF (tumor necrosis factor) blocker such as an infliximab product, Cimzia, Humira and/or Simponi and does documentation show the member will not be receiving Rinvoq, Olumiant, or Xeljanz/XR in combination with a potent immunosuppressant (e.g., azathioprine or cyclosporine)? If the request is for a Tumor Necrosis Factor Inhibitor or an Interleukin Receptor Antagonist, has the provider performed tuberculosis (TB) screening prior to therapy initiation? If the request is for a Tumor Necrosis Factor Inhibitor, has the provider performed hepatitis B screening prior to therapy initiation? Is the request for reauthorization of therapy? Is the member experienced at least a 20% improvement in ACR or DAS28 score since therapy initiation? Please provide documentatio ouring therapy? Please provide documentatio 							
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Physician's Signature:	Additional information:						

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Policy: PHARM-HU-065 Origination Date: 01/01/2022 Reviewed/Revised Date: 09/13/2023 Next Review Date: 09/13/2024 Current Effective Date: 10/01/2023

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