## CYTOKINE AND CAM ANTAGONISTS PRIOR AUTHORIZATION FORM (form effective 1/9/2023)

Prior authorization guidelines for **Cytokine and CAM Antagonists** and **Quantity Limits/Daily Dose Limits** are available on Geisinger Health Plan’s website at https://healthplan.geisinger.org/pharmacy/pharmacy.aspx?strip=true&style=OneGeisinger

Complete all sections that apply to the beneficiary and this request.

*Check all that apply and submit documentation for each item.*

### CLINICAL INFORMATION

<table>
<thead>
<tr>
<th>STARTER PACK requested (name/strength):</th>
<th>MAINTENANCE product/packaging requested (name/strength):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quantity per fill:</td>
<td>Quantity per fill:</td>
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<tr>
<td>Refills:</td>
<td>Refills:</td>
</tr>
<tr>
<td>Directions:</td>
<td>Directions:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Diagnosis (submit documentation):</th>
<th>Dx code (required):</th>
<th>Beneficiary weight:</th>
</tr>
</thead>
</table>

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 (eg, rheumatologist, dermatologist, gastroenterologist, etc)?

- □ Yes If prescriber is not a specialist, submit documentation of consultation.
- □ No

### INITIAL requests

#### DRUG

1. Requested drug is NON-PREFERRED on the Statewide PDL:
   - □ Tried and failed or has a contraindication or intolerance to the preferred drugs in this class approved or medically accepted for the beneficiary’s condition (Refer to https://papdl.com/preferred-drug-list for a list of preferred and non-preferred drugs in this class.)

2. Requested drug is OTEZLA (apremilast) or SILIQ (brodalumab):
   - □ Was evaluated for history of prior suicide attempt, bipolar disorder, or major depressive disorder

3. Requested drug is an oral JAK inhibitor (eg, Olumiant [baricitinib], Rinvoq [upadacitinib], Xeljanz [tocafitinib]):
   - □ Tried and failed at least one TNF blocker or another biologic as recommended in the JAK inhibitor’s package labeling
   - □ Has a contraindication or an intolerance to TNF blockers or other biologics as recommended in the JAK inhibitor’s package labeling

### DIAGNOSIS

1. ALL diagnoses:
   - □ Screened for hepatitis B virus infection (surface antigen, surface antibody, and core antibody)
   - □ Screened for tuberculosis
2. **Adult-onset Still’s disease:**
   - **Has predominantly systemic disease:**
     - Has steroid-dependent disease
     - Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
   - **Has predominantly joint disease:**
     - Tried and failed or has a contraindication or an intolerance to conventional DMARDs (eg, MTX)

3. **Alopecia areata:**
   - Has alopecia universalis
   - Has >50% scalp involvement or alopecia totalis
   - Has alopecia that causes significant disability or impaired physical, mental, or psychosocial functioning
   - Has a current episode of alopecia areata that has lasted at least 6 months

4. **Ankylosing spondylitis & non-radiographic axial spondyloarthritis:**
   - Tried and failed a 2-week trial of or has a contraindication or an intolerance to 2 different oral NSAIDs

5. **Behçet’s syndrome:**
   - Has recurrent oral ulcers associated with Behçet’s syndrome
   - Tried and failed or has a contraindication or an intolerance to a topical corticosteroid (eg, triamcinolone dental paste)
   - Tried and failed a 3-month trial of or has a contraindication or an intolerance to colchicine at maximally tolerated doses

6. **Crohn’s disease:**
   - Has moderate-to-severe disease
   - Has disease that is associated with high-risk or poor prognostic features
   - Tried and failed to achieve remission with or has a contraindication or an intolerance to an induction course of corticosteroids
   - Tried & failed to maintain remission with or has a contraindication or an intolerance to conventional immunomodulators (eg, AZA, 6-MP, MTX)

7. **Familial Mediterranean fever:**
   - Tried and failed a 3-month trial of or has a contraindication or an intolerance to colchicine at maximally tolerated doses

8. **Giant cell arteritis:**
   - Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
   - Is at high risk for glucocorticoid-related complications
   - Has steroid-dependent disease

9. **Hidradenitis suppurativa (HS):**
   - Has Hurley stage II or stage III disease
   - Is a candidate for or has a history of surgical intervention for HS
   - Tried and failed a 3-month trial of or has a contraindication or an intolerance to topical clindamycin
   - Tried and failed or has a contraindication or an intolerance to systemic antibiotics (eg, doxycycline, minocycline, tetracycline, clindamycin)

10. **Juvenile idiopathic arthritis:**
    - Has systemic disease with active systemic features
    - Has disease associated with any of the following:
      - Positive anti-CCP antibodies
      - Presence of joint damage
      - High disease activity
      - Positive rheumatoid factor
      - At high risk of disabling joint damage
      - 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 (eg, MTX)
    - **Has active sacroilitis and/or enthesitis:**
      - Tried and failed a 2-week trial of or has a contraindication or an intolerance to oral NSAIDs

11. **Plaque psoriasis:**
    - Has a BSA of ≥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
12. Psoriatic arthritis:
- Has moderate-to-severe nail disease
- Tried and failed an 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 (eg, anthralin, calcineurin inhibitor, tazarotene, etc)
- Tried and failed or has a contraindication or an intolerance to ultraviolet light therapy
- Tried & failed a 3-month trial of or has a contraindication/intolerance to conventional systemic medications (eg, MTX, cyclosporine, acitretin)

13. Rheumatoid arthritis:
- Has predominantly axial disease, dactylitis, and/or enthesitis
- Has severe disease
- Has comorbid moderate-to-severe nail psoriasis
- Has comorbid active inflammatory bowel disease

14. Sarcoidosis:
- Has steroid-dependent disease
- Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids

15. 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 (eg, AZA, cyclosporine, 6-MP, MTX)

16. Uveitis (non-infectious):
- Has comorbid juvenile idiopathic arthritis
- Has comorbid Behçet’s syndrome
- Has steroid-dependent disease
- 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 (eg, AZA, MTX, MMF, etc)

17. Other diagnosis:
- List other treatments tried (including start/stop dates, dose, outcomes):

<table>
<thead>
<tr>
<th>RENEWAL requests</th>
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<tbody>
<tr>
<td>Experienced an improvement in disease severity or level of functioning since starting therapy with the requested medication</td>
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<tr>
<td>Is prescribed an increased dose or more frequent administration of the requested medication</td>
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<td>Requested drug is OTEZLA (apremilast) or SILIQ (brodalumab):</td>
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<tr>
<td>Was recently reevaluated for behavioral and mood changes</td>
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Please submit to PromptPA https://ghp.promptpa.com OR fax to Geisinger Health Plan at 570-271-5610 the completed form with required clinical documentation.

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