maryland physicians care
Medicaid with a Heart

PRIOR AUTHORIZATION REQUEST

Otezla

Patient Information:

Name:	
Member ID:	
Address:	
City, State, Zip:	
Date of Birth:	

Prescriber Information:

Name:	
NPI:	
Phone Number:	
Fax Number	
Address:	
City, State, Zip:	

Requested Medication

Rx Name:	
Rx Strength	
Rx Quantity:	
Rx Frequency:	
Rx Route of Administration:	
Diagnosis and ICD Code:	

Your patient's prescription benefit requires that we review certain requests for coverage with the prescriber. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage or coverage of additional quantities can be provided. Please complete the following questions then fax this form to the toll-free number listed below. Upon receipt of the completed form, prescription benefit coverage will be determined based on the plan's rules.

SECTION A: Please note that supporting clinical documentation is required for **ALL** PA requests.

1	Will the requested medication be used in combination with other Biologic or with a Targeted Synthetic Disease-Modifying Antirheumatic Drugs (DMARD)? Note: Examples of biologics include but not limited to adalimumab SC products (for example, Humira, biosimilars), Actemra (IV or SC), Cimzia, Cosentyx, an etanercept SC product (for example, Enbrel, biosimilars), Ilumya, Skyrizi, Kevzara, Kineret, Orencia (IV or SC), an infliximab IV products (for example, Remicade, biosimilars), a rituximab IV products (for example, Rituxan, biosimilars), Siliq, Stelara (IV or SC), Taltz, Tremfya, Entyvio, or Simponi (Aria or SC). Examples of Targeted Synthetic Disease-Modifying Antirheumatic Drugs include but not limited to Cibinqo, Olumiant, Rinvoq, Xeljanz, Xeljanz XR. [If yes, no further questions.]	Yes	No
2	Is the patient currently receiving the requested medication? [If no, skip to question 8.]	Yes	No

If you have any questions, call: 1-888-258-8250

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3	Has the patient been receiving medication samples for the requested medication? [If yes, skip to question 8.]	Yes	No
4	Does the patient have a previously approved prior authorization (PA) on file with the current plan? [Note: If the patient does NOT have a previously approved PA on file for the requested medication with the current plan, the renewal request will be considered under initial therapy.] [If no, skip to question 7.]	Yes	No
5	Has the patient been established on therapy for at least 3 months? [If no, skip to question 8.]	Yes	No

6 What is the indication or diagnosis?

[] Behcet's disease (If checked, go to 9)

[] Plaque psoriasis (If checked, go to 11)

[] Psoriatic arthritis (If checked, go to 13)

[] Ankylosing spondylitis (If checked, no further questions)

[] Rheumatoid arthritis (If checked, no further questions)

[] Other (If checked, no further questions)

7 What is the indication or diagnosis?

[] Behcet's disease (If checked, go to 15)

[] Plaque psoriasis (If checked, go to 17)

[] Psoriatic arthritis (If checked, go to 19)

[] Ankylosing spondylitis (If checked, no further questions)

[] Rheumatoid arthritis (If checked, no further questions)

[] Other (If checked, no further questions)

8 What is the indication or diagnosis?

[] Behcet's disease (If checked, go to 21)

[] Plaque psoriasis (If checked, go to 25)

[] Psoriatic arthritis (If checked, go to 31)

[] Ankylosing spondylitis (If checked, no further questions)

[] Rheumatoid arthritis (If checked, no further questions)

[] Other (If checked, no further questions)

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9	Has the patient experienced a beneficial clinical response from baseline (prior to initiating Otezla) by at least one objective measure? [Note: Examples of objective measures are dependent upon organ involvement but may include best-corrected visual acuity (if ophthalmic manifestations); serum markers (example, C-reactive protein, erythrocyte sedimentation rate); ulcer depth, number, and/or lesion size.] [If no, no further questions.]	Yes	No
10	Compared with baseline (prior to initiating Otezla), has the patient experienced an improvement in at least one symptom, such as decreased pain, or improved visual acuity (if ophthalmic manifestations)? [No further questions.]	Yes	No
11	Has the patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating the requested drug) in at least one of the following: estimated body surface area, erythema, induration/thickness, and/or scale of areas affected by psoriasis? [If no, no further questions.]	Yes	No
12	Has the patient experienced an improvement in at least one symptom compared with baseline (prior to initiating Otezla), such as decreased pain, itching, and/or burning? [No further questions.]	Yes	No
13	Has the patient experienced a beneficial clinical response from baseline (prior to initiating Otezla) by at least one objective measure? [Note: Examples of objective measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (for example: C-reactive protein, erythrocyte sedimentation rate).] [If yes, no further questions.]	Yes	No
14	Has the patient experienced an improvement in at least one symptom compared with baseline (prior to initiating Otezla) such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; or decreased soft tissue swelling in joints or tendon sheaths? [No further questions.]	Yes	No
15	Has the patient experienced a beneficial clinical response from baseline (prior to initiating Otezla) by at least one objective measure? [Note: Examples of objective measures are dependent upon organ involvement but may include best-corrected visual acuity (if ophthalmic manifestations); serum markers (for example, C-reactive protein, erythrocyte sedimentation rate); ulcer depth, number, and/or lesion size.] [If no, no further questions.]	Yes	No
16	Compared with baseline (prior to initiating Otezla), has the patient experienced an improvement in at least one symptom, such as decreased pain, or improved visual acuity (if ophthalmic manifestations)? [If yes, skip to question 21.] [If no, no further questions.]	Yes	No

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17	Has the patient experienced a beneficial clinical response, defined as improvement from baseline (prior to initiating the requested drug) in at least one of the following: estimated body surface area, erythema, induration/thickness, and/or scale of areas affected by psoriasis? [If no, no further questions.]	Yes	No
18	Has the patient experienced an improvement in at least one symptom compared with baseline (prior to initiating Otezla), such as decreased pain, itching, and/or burning? [If yes, skip to question 25.] [If no, no further questions.]	Yes	No
19	Has the patient experienced a beneficial clinical response from baseline (prior to initiating Otezla) by at least one objective measure? [Note: Examples of objective measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (for example: C-reactive protein, erythrocyte sedimentation rate).] [If yes, skip to question 31.]	Yes	No
20	Has the patient experienced an improvement in at least one symptom compared with baseline (prior to initiating Otezla) such as less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; or decreased soft tissue swelling in joints or tendon sheaths. [If yes, skip to question 31.] [If no, no further questions.]	Yes	No
21	Is this medication being prescribed by or in consultation with a rheumatologist or dermatologist? [If no, no further questions.]	Yes	No
22	Does the patient have oral ulcers or other mucocutaneous involvement? [If no, no further questions.]	Yes	No
23	Has the patient tried at least TWO other systemic therapy for at least 3 months? Note: Examples of systemic therapies include colchicine, systemic corticosteroids, azathioprine, thalidomide, interferon alpha, tumor necrosis factor inhibitors (example: an adalimumab product [Humira, biosimilars], an etanercept product [Enbrel, biosimilars], Cimzia [certolizumab pegol subcutaneous injection], Simponi [golimumab subcutaneous injection], Simponi Aria [golimumab intravenous infusion], or an infliximab product [Remicade, biosimilars]). [If yes, skip to question 36.]	Yes	No
24	Has documentation been provided to confirm that the patient had an intolerance to at least TWO systemic agents for Behcet's? ACTION REQUIRED: Submit supporting documentation. [Note: Examples of systemic therapies include colchicine, systemic corticosteroids, azathioprine, thalidomide, interferon alpha, tumor necrosis factor inhibitors (example: an adalimumab product [Humira, biosimilars], an etanercept product [Enbrel, biosimilars],	Yes	No

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	Cimzia [certolizumab pegol subcutaneous injection], Simponi [golimumab subcutaneous injection], Simponi Aria [golimumab intravenous infusion], or an infliximab product [Remicade, biosimilars]).] [If yes, skip to question 36.] [If no, no further questions.]		
25	Is this medication being prescribed by or in consultation with a dermatologist? [If no, no further questions.]	Yes	No
26	Has the patient tried at least TWO traditional systemic agent for psoriasis for at least 3 months? [Note: Examples of traditional systemic agents for psoriasis include methotrexate, cyclosporine, acitretin tablets, or psoralen plus ultraviolet A light (PUVA).] [If yes, skip to question 28.]	Yes	No
27	Has documentation been provided to confirm that the patient had an intolerance to at least TWO traditional systemic agents for psoriasis? ACTION REQUIRED: Submit supporting documentation. [Note: Examples of traditional systemic agents for psoriasis include methotrexate, cyclosporine, acitretin tablets, or psoralen plus ultraviolet A light (PUVA).] [If no, no further questions.]	Yes	No
28	Is member at least 6 years of age but less than 17 years of age? [If no, skip to question 30.]	Yes	No
29	Has documentation been provided to confirm that the patient had an intolerance, contraindication to, or failed treatment for at least 3 months with preferred TNF inhibitor, ENBREL (etanercept)? ACTION REQUIRED: Submit supporting documentation. [If yes, skip to question 37.] [If no, no further questions]	Yes	No
30	Has documentation been provided to confirm that the patient had an intolerance, contraindication to, or failed treatment for at least 3 months with preferred TNF inhibitors, Enbrel (etanercept) and an adalimumab product (Hadlima, Yusimry, or adalimumab-adbm)? ACTION REQUIRED: Submit supporting documentation. [If yes, skip to question 36.] [If no, no further questions.]	Yes	No
31	Has the patient tried at least TWO conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months? [Note: Examples of conventional synthetic DMARDs include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine.] [If yes, skip to question 33.]	Yes	No
32	Has documentation been provided to confirm that the patient had an intolerance to at least TWO conventional synthetic DMARDs? ACTION REQUIRED: Submit supporting documentation. [Note: Examples of conventional synthetic DMARDs include methotrexate (oral or injectable), leflunomide, hydroxychloroquine, and sulfasalazine.] [If no, no further questions.]	Yes	No
33	Has documentation been provided to confirm that the patient had an intolerance, contraindication to, or failed treatment for at least 3 months with preferred TNF inhibitors,	Yes	No

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	Enbrel (etanercept) and an adalimumab product (Hadlima, Yusimry, or adalimumab-adbm)? ACTION REQUIRED: Submit supporting documentation. [If no, no further questions.]		
34	Has documentation been provided to confirm that the patient had an intolerance, contraindication to, or failed treatment for at least 3 months with Xeljanz (tofacitinib)? ACTION REQUIRED: Submit supporting documentation. [If no, no further questions.]	Yes	No
35	Is this medication being prescribed by or in consultation with a rheumatologist or a dermatologist? [If no, no further questions.]	Yes	No
36	Is the patient greater than or equal to 18 year(s) of age? [If no, no further questions.]	Yes	No
37	Does the requested dose exceed FDA approved label dosing for the requested indication?	Yes	No

Please document the diagnoses, symptoms, and/or any other information important to this review:

SECTION B: Physician Signature

PHYSICIAN SIGNATURE DATE

FAX COMPLETED FORM TO: 1-833-896-0656

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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