

**NC Medicaid
Pharmacy Prior Approval Request
Immunomodulators: Orenzia**

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Beneficiary Gender: _____

Prescriber Information

6. Prescribing Provider NPI #: _____
7. Requester Contact Information - Name: _____ Phone #: _____ Ext. _____

Drug Information

8. Drug Name: _____ 9. Strength: _____ 10. Quantity Per 30 Days: _____
11. Length of Therapy (in days): up to 30 Days 60 Days 90 Days 120 Days 180 Days 365 Days
Other _____

Clinical Information

Request for Polyarticular Juvenile Idiopathic Arthritis (PJIA)

1. Does the beneficiary have a diagnosis of Polyarticular Juvenile Idiopathic Arthritis? Yes No
2. Is the beneficiary not on another injectable biologic immunomodulator? Yes No
3. Has the beneficiary been considered and screened for the presence of latent tuberculosis infection? Yes No
4. Has the beneficiary been tested with Hep B SAG and Core Ab? Yes No
5. Has the beneficiary tried one systemic corticosteroid (e.g. prednisone, methylprednisolone) or methotrexate, leflunomide or sulfasalazine with inadequate response or is unable to take these therapies due to contraindications?
 Yes No
6. Does the beneficiary have PJIA subtype enthesitis related arthritis? Yes No
7. Has the beneficiary had a trial and failure of Enbrel or Humira or a clinical reason beneficiary cannot try Enbrel or Humira? Yes No

Request for Psoriatic arthritis

1. Does the beneficiary have a documented definitive diagnosis of Psoriatic Arthritis? Yes No
2. Is the beneficiary 18 years of age or older? Yes No
3. Is the beneficiary not on another injectable biologic immunomodulator? Yes No
4. Has the beneficiary been considered and screened for the presence of latent tuberculosis infection (not required for Otezla)?
 Yes No
5. Has the beneficiary been tested with Hep B SAG and Core Ab (not required for Otezla)? Yes No
6. Does the beneficiary have documented inadequate response or inability to take methotrexate? Yes No
7. Has the beneficiary had a trial and failure of Cosentyx, Enbrel or Humira or a clinical reason beneficiary cannot try either Cosentyx, Enbrel or Humira? Yes No

Request for Rheumatoid arthritis

1. Does the beneficiary have a diagnosis of Rheumatoid Arthritis? Yes No
2. Is the beneficiary not on another injectable biologic immunomodulator? Yes No
3. Has the beneficiary been considered and screened for the presence of latent tuberculosis infection? Yes No
4. Has the beneficiary been tested with Hep B SAG and Core Ab? Yes No

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5. Does the beneficiary have a body surface area (BSA) involvement of at least 3%? Yes No
6. Has the beneficiary experienced a therapeutic failure/inadequate response with methotrexate or at least one disease modifying antirheumatic drug (e.g. leflunomide, hydroxychloroquine, minocycline, sulfasalazine)? Yes No
7. Is the beneficiary unable to receive methotrexate or disease modifying antirheumatic drug due to contraindications or intolerability? Yes No
8. Does the beneficiary have clinical evidence of severe or rapidly progressing disease? Yes No
9. Has the beneficiary had a trial and failure of Enbrel or Humira or a clinical reason beneficiary cannot try either Enbrel or Humira? Yes No

Request for Prophylaxis of acute Graft versus Host Disease (aGVHD)

1. Is the beneficiary undergoing hematopoietic stem cell transplantation (HSCT) from a matched or 1 allele-mismatched unrelated-donor? Yes No
2. Is the beneficiary 2 years of age or older? Yes No
3. Is the beneficiary taking in combination with a calcineurin inhibitor and methotrexate? Yes No
4. Is the beneficiary not on another injectable biologic immunomodulator? Yes No
5. Has the beneficiary been considered and screened for the presence of latent tuberculosis infection? Yes No
6. Has the beneficiary been tested with Hep B SAG and Core Ab? Yes No

Signature of Prescriber: _____ Date: _____

(Prescriber Signature Mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.