



CYTOKINE AND CAM ANTAGONISTS PRIOR AUTHORIZATION FORM (form effective 1/5/2026)

FAX this completed form to (844) 205-3386

OR Mail requests to: Pharmacy Department | 5 River Park Place East, Suite 210 | Fresno, CA 93720

OR Prior authorization may be completed at <https://www.covermyeds.com/main/prior-authorization-forms/>

Prior authorization guidelines for **Cytokine and CAM Antagonists** and **Quantity Limits/Daily Dose Limits** are available on the PA Health & Wellness website at <https://www.pahealthwellness.com/providers/pharmacy.html>.

<input type="checkbox"/> New request	<input type="checkbox"/> Renewal request	# of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
LTC facility contact/phone:			Street address:	
Member name:			City/state/zip:	
Member ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

STARTER PACK requested (drug name / strength / formulation [pen, syringe, tablet, etc.]):		MAINTENANCE product/packaging requested (drug name / strength / formulation [pen, syringe, tablet, etc.]):	
Quantity per fill:	Refills:	Quantity per fill:	Refills:
Directions:		Directions:	
Diagnosis (<i>submit documentation</i>):		Dx code (<i>required</i>):	Member weight:
Is the member currently being treated with the requested medication?		<input type="checkbox"/> Yes – date of last dose: _____ <i>Submit documentation.</i> <input type="checkbox"/> No	
Is the requested medication prescribed by or in consultation with a specialist (eg, rheumatologist, dermatologist, gastroenterologist, etc.)?		<input type="checkbox"/> Yes <i>If prescriber is not a specialist, submit documentation of consultation.</i> <input type="checkbox"/> No	

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

Check all that apply and submit documentation for each item.

INITIAL requests

DRUG

- 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 member's condition (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)
- Requested drug is BIMZELX (bimekizumab), OTEZLA (apremilast), or SILIQ (brodalumab):**
 Was evaluated for history of suicide attempt, bipolar disorder, or major depressive disorder
- Requested drug is an ORAL JAK INHIBITOR (eg, Olumiant [baricitinib], Rinvoq [upadacitinib], Xeljanz [tofacitinib]):**

- Tried and failed at least one TNF blocker or other 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 (AOSD):

- Has predominantly systemic AOSD AND:
- Has steroid-dependent AOSD
 - Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
- Has predominantly joint AOSD AND:
- 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 colchicine at maximally tolerated doses or has a contraindication or an intolerance to colchicine

6. Crohn's disease (CD):

- Has moderate-to-severe CD
- Has CD that is associated with high-risk or poor prognostic features
- Has achieved remission with the requested medication AND:
- Will be using the requested medication as maintenance therapy to maintain remission

7. Familial Mediterranean fever:

- Tried and failed a 3-month trial of colchicine at maximally tolerated doses or has a contraindication or an intolerance to colchicine

8. Generalized pustular psoriasis (GPP):

- Request is for Spevigo (spesolimab) AND:
- Member has received a single dose of Spevigo (spesolimab) for the current GPP flare AND:
 - Continues to experience moderate to severe GPP flare symptoms since the previous dose
 - Member has not received a dose of Spevigo (spesolimab) for the current GPP flare AND:
 - Is experiencing a moderate to severe GPP flare that warrants rapid stabilization or improvement

9. Giant cell arteritis (GCA):

- Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
- Is at high risk for glucocorticoid-related complications
- Has steroid-dependent GCA

10. Gout flares:

- Tried and failed maximally tolerated doses of or has a contraindication or an intolerance to NSAIDs
- Tried and failed maximally tolerated doses of or has a contraindication or an intolerance to colchicine
- Tried and failed maximally tolerated doses of or has a contraindication or an intolerance to corticosteroids
- Has a medical reason why repeated courses of corticosteroids are not appropriate

11. Hidradenitis suppurativa (HS):

- Has Hurley stage II or stage III HS
- 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)

12. Juvenile idiopathic arthritis (JIA):

- Has systemic JIA with active systemic features
- Has JIA associated with any of the following:
 - Positive anti-CCP antibodies
 - Presence of joint damage
 - High disease activity
 - Positive rheumatoid factor
 - 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 sacroiliitis and/or enthesitis AND:
 - Tried and failed a 2-week trial of or has a contraindication or an intolerance to oral NSAIDs

13. Plaque psoriasis:

- Has a BSA of $\geq 3\%$ 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
- Has moderate-to-severe nail psoriasis
- Tried and failed a 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)

14. Polymyalgia rheumatica (PMR):

- Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
- Has steroid-dependent PMR

15. Psoriatic arthritis (PsA):

- Tried and failed an 8-week trial of or has a contraindication or an intolerance to conventional DMARDs (eg, AZA, leflunomide, MTX, SSZ)
- Has predominantly axial PsA, dactylitis, and/or enthesitis
- Has severe PsA
- Has comorbid moderate-to-severe nail psoriasis
- Has comorbid active inflammatory bowel disease

16. Rheumatoid arthritis:

- Tried and failed a 3-month trial of or has a contraindication or an intolerance to conventional DMARDs (eg, AZA, leflunomide, MTX, etc)

17. Sarcoidosis:

- Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
- Has steroid-dependent sarcoidosis
- Tried and failed a conventional DMARD (eg, AZA, leflunomide, MTX, mycophenolate) or has a contraindication or an intolerance to conventional DMARDs

18. Ulcerative colitis (UC):

- Has moderate-to-severe UC
- Has mild UC associated with multiple poor prognostic factors
- Has achieved remission with the requested medication AND:
 - Will be using the requested medication as maintenance therapy to maintain remission

19. Uveitis (non-infectious):

- Has comorbid juvenile idiopathic arthritis
- Has comorbid Behçet's syndrome
- Has steroid-dependent uveitis

- 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)

20. **Other diagnosis:** _____

- List other treatments tried (including start/stop dates, dose, outcomes): _____

RENEWAL requests

- Experienced an improvement in disease severity or level of functioning since starting therapy with the requested medication
- Is prescribed an increased dose or more frequent administration of the requested medication
- Requested drug is **BIMZELX (bimekizumab)**, **OTEZLA (apremilast)**, or **SILIQ (brodalumab)**:
 - Was recently reevaluated for behavioral and mood changes

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO 844-205-3386

Prescriber Signature:

Date:

Confidentiality Notice: The documents accompanying this telecopy may contain confidential information belonging to the sender. The information is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or taking of any telecopy is strictly prohibited.

Pharmacy Department will respond via fax or phone within 24 hours.

Requests for prior authorization (PA) requests must include member name, ID#, and drug name. Please include lab reports with requests when appropriate (e.g., Culture and Sensitivity; Hemoglobin A1C; Serum Creatinine; CD4; Hematocrit; WBC, etc.)