



## Infliximab

### HMSA Medicare Advantage - Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

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**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Patient's ID:** \_\_\_\_\_ **Patient's Date of Birth:** \_\_\_\_\_  
**Patient's Phone Number:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.*

#### Additional Demographic Information:

*Patient Weight:* \_\_\_\_\_ kg  
*Patient Height:* \_\_\_\_\_ ft \_\_\_\_\_ inches

#### Indicate where the drug is being dispensed:

- Office  Outpatient Hospital  Ambulatory Surgical  Inpatient Hospital
- Off Campus Outpatient Hospital  Urgent Care  Emergency Room  Birthing Center
- Military Facility  Skilled Nursing Facility  Nursing Facility  Hospice
- Inpatient Psychiatric  Psychiatric Residential Treatment  End Stage Renal Facility
- Psychiatric Facility  Pharmacy  Other

#### Indicate where the drug is being administered:

- Ambulatory surgical  Home  Inpatient Hospital
- Office  Outpatient Hospital  Pharmacy

What is the ICD-10 code? \_\_\_\_\_

**Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512**

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**Phone: 1-808-254-4414 • Fax: 1-866-237-5512 • [www.caremark.com](http://www.caremark.com)**

**Criteria Questions:**

1. Is the member currently receiving treatment with the requested drug or a biosimilar of the requested drug?

- Yes, *Continue to #2*
- No, *Continue to #200*

2. What is the member's diagnosis?

- Moderately to severely active Crohn's disease, *Continue to #10*
- Moderately to severely active ulcerative colitis, *Continue to #20*
- Moderately to severely active rheumatoid arthritis, *Continue to #30*
- Active ankylosing spondylitis, *Continue to #40*
- Psoriatic arthritis, *Continue to #50*
- Plaque psoriasis, *Continue to #60*
- Behcet's disease, *Continue to #110*
- Acute graft versus host disease, *Continue to #110*
- Hidradenitis suppurativa, *Continue to #80*
- Immune checkpoint inhibitor toxicity, *Continue to #225*
- Pyoderma gangrenosum, *Continue to #110*
- Sarcoidosis, *Continue to #110*
- Takayasu's disease, *Continue to #110*
- Uveitis, *Continue to #100*
- Other, *No Further Questions*

**Continuation**

**Crohn's disease**

10. Is the member receiving benefit from therapy with the requested drug or a biosimilar of the requested drug defined as having achieved or maintained remission? If Yes, chart notes or medical record documentation of remission must be submitted upon request

- Yes, *No Further Questions*
- No, *Continue to #11*

11. Is the member receiving benefit from therapy with the requested drug or a biosimilar of the requested drug defined as having achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition since starting treatment with the requested drug?

- Yes, *Continue to #12*
- No, *Continue to #12*

12. Which of the following has the member experienced an improvement in from baseline? Chart notes or medical record documentation supporting positive clinical response to therapy must be submitted upon request

- Abdominal pain or tenderness, *No Further Questions*
- Diarrhea, *No Further Questions*
- Body weight, *No Further Questions*
- Abdominal mass, *No Further Questions*
- Hematocrit, *No Further Questions*
- Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound, *No Further Questions*

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- Improvement on a disease activity scoring tool (e.g., Crohn's Disease Activity Index [CDAI] score), *No Further Questions*
- None of the above, *No Further Questions*

Ulcerative colitis

20. Is the member receiving benefit from therapy with the requested drug or a biosimilar of the requested drug defined as having achieved or maintained remission? If Yes, chart notes or medical record documentation of remission must be submitted upon request

- Yes, *No Further Questions*
- No, *Continue to #21*

21. Is the member receiving benefit from therapy with the requested drug or a biosimilar of the requested drug defined as having achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition since starting treatment with the requested drug?

- Yes, *Continue to #22*
- No, *Continue to #22*

22. Which of the following has the member experienced an improvement in from baseline? Chart notes or medical record documentation supporting positive clinical response to therapy must be submitted upon request

- Stool frequency, *No Further Questions*
- Rectal bleeding, *No Further Questions*
- Urgency of defecation, *No Further Questions*
- C-reactive protein (CRP), *No Further Questions*
- Fecal calprotectin (FC), *No Further Questions*
- Appearance of the mucosa on endoscopy, computed tomography enterography (CTE), magnetic resonance enterography (MRE), or intestinal ultrasound, *No Further Questions*
- Improvement on a disease activity scoring tool (e.g., Ulcerative Colitis Endoscopic Index of Severity [UCEIS], Mayo Score), *No Further Questions*
- None of the above, *No Further Questions*

Rheumatoid arthritis

30. Is the member receiving benefit from therapy with the requested drug or a biosimilar of the requested drug defined as having achieved or maintained a positive clinical response as evidenced by disease activity improvement from baseline in tender joint count, swollen joint count, pain, or disability? If Yes, chart notes or medical record documentation supporting positive clinical response must be submitted upon request

- Yes, *No Further Questions*
- No, *No Further Questions*

Ankylosing spondylitis

40. Is the member receiving benefit from therapy with the requested drug or a biosimilar of the requested drug defined as having achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition since starting treatment with the requested drug?

- Yes, *Continue to #41*
- No, *Continue to #41*

41. Which of the following has the member experienced an improvement in from baseline? Chart notes or medical record documentation supporting positive clinical response must be submitted upon request

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- Functional status, *No Further Questions*
- Total spinal pain, *No Further Questions*
- Inflammation (e.g., morning stiffness), *No Further Questions*
- None of the above, *No Further Questions*

*Psoriatic arthritis*

50. Is the member receiving benefit from therapy with the requested drug or a biosimilar of the requested drug defined as having achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition since starting treatment with the requested drug?

- Yes, *Continue to #51*
- No, *Continue to #51*

51. Which of the following has the member experienced an improvement in from baseline? Chart notes or medical record documentation supporting positive clinical response must be submitted upon request

- Number of swollen joints, *No Further Questions*
- Number of tender joints, *No Further Questions*
- Dactylitis, *No Further Questions*
- Enthesitis, *No Further Questions*
- Axial disease, *No Further Questions*
- Skin and/or nail involvement, *No Further Questions*
- None of the above, *No Further Questions*

*Plaque psoriasis*

60. Has the member achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition since starting treatment with the requested drug or a biosimilar of the requested drug?

- Yes, *Continue to #61*
- No, *Continue to #61*

61. Has the member experienced a reduction in body surface area (BSA) affected from baseline? If Yes, chart notes or medical record documentation of decreased BSA affected must be submitted upon request

- Yes, *No Further Questions*
- No, *Continue to #62*

62. Has the member experienced an improvement in signs and symptoms of the condition from baseline (e.g., itching, redness, flaking, scaling, burning, cracking, pain)? If Yes, chart notes or medical record documentation supporting positive clinical response must be submitted upon request

- Yes, *No Further Questions*
- No, *No Further Questions*

*Hidradenitis suppurativa*

80. Is the member receiving benefit from therapy with the requested drug or a biosimilar of the requested drug defined as having achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition since starting treatment with the requested drug?

- Yes, *Continue to #81*
- No, *Continue to #81*

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81. Which of the following has the member experienced since starting treatment with the requested drug or a biosimilar of the requested drug? Chart notes or medical record documentation supporting positive clinical response must be submitted upon request

- Reduction in abscess and inflammatory nodule count from baseline, *No Further Questions*
- Reduced formation of new sinus tracts and scarring, *No Further Questions*
- Decrease in frequency of inflammatory lesions from baseline, *No Further Questions*
- Reduction in pain from baseline, *No Further Questions*
- Reduction in suppuration from baseline, *No Further Questions*
- Improvement in frequency of relapses from baseline, *No Further Questions*
- Improvement in quality of life from baseline, *No Further Questions*
- Improvement on a disease severity assessment tool from baseline, *No Further Questions*
- None of the above, *No Further Questions*

*Uveitis*

100. Is the member receiving benefit from therapy with the requested drug or a biosimilar of the requested drug defined as having achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition since starting treatment with the requested drug?

- Yes, *Continue to #101*
- No, *Continue to #101*

101. Which of the following has the member experienced since starting treatment with the requested drug or a biosimilar of the requested drug? Chart notes or medical record documentation supporting positive clinical response must be submitted upon request

- Reduced frequency of recurrence compared to baseline, *No Further Questions*
- Zero anterior chamber inflammation or reduction in anterior chamber inflammation compared to baseline, *No Further Questions*
- Decreased reliance on topical corticosteroids, *No Further Questions*
- None of the above, *No Further Questions*

*Other indications*

110. Is the member receiving benefit from the requested drug or a biosimilar of the requested drug?

- Yes, *No Further Questions*
- No, *No Further Questions*

*Initial*

200. What is the member's diagnosis?

- Moderately to severely active Crohn's disease, *No Further Questions*
- Moderately to severely active ulcerative colitis, *No Further Questions*
- Moderately to severely active rheumatoid arthritis, *Continue to #210*
- Active ankylosing spondylitis, *No Further Questions*
- Active psoriatic arthritis, *No Further Questions*
- Plaque psoriasis, *No Further Questions*
- Behcet's disease, *No Further Questions*

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- Acute graft versus host disease, *Continue to #220*
- Hidradenitis suppurativa, *No Further Questions*
- Immune checkpoint inhibitor toxicity, *Continue to #225*
- Pyoderma gangrenosum, *No Further Questions*
- Sarcoidosis, *No Further Questions*
- Takayasu's disease, *No Further Questions*
- Uveitis, *No Further Questions*
- Other, *No Further Questions*

*Rheumatoid arthritis*

210. Has the member previously received a biologic drug (e.g., Enbrel, Humira) or targeted synthetic drug (e.g., Rinvoq, Xeljanz) indicated for rheumatoid arthritis? If Yes, chart notes, medical record documentation, or claims history supporting previous medications tried must be submitted upon request

- Yes, *No Further Questions*
- No, *Continue to #211*

211. Has the member had an inadequate response to methotrexate or leflunomide? If Yes, chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy, must be submitted upon request

- Yes, *No Further Questions*
- No, *Continue to #212*

212. Does the member have a clinical reason to a void treatment with methotrexate or leflunomide (e.g., renal or hepatic impairment, pregnancy or currently planning pregnancy)? (Please provide the clinical reason in the space provided.) (Internal note: Please have a text box available for the office to freetext in the rationale. Then, please have a clinician review the rationale for appropriateness. If, in their clinical judgment, the rationale is sufficient then the case can be approved.) If Yes, documentation of clinical reason to avoid therapy must be submitted upon request

- Yes, *No Further Questions*
- No, *No Further Questions*

*Acute graft vs. host disease*

220. Has the member experienced an inadequate response to systemic corticosteroids? If Yes, chart notes, medical record documentation, or claims history supporting previous medications tried must be submitted upon request

- Yes, *No Further Questions*
- No, *Continue to #221*

221. Has the member had an intolerance or contraindication to corticosteroids? If Yes, chart notes, medical record documentation, or claims history supporting previous medications tried, including response to therapy (if applicable), must be submitted upon request. If therapy is not advisable, documentation of clinical reason to a void therapy must be submitted upon request

- Yes, *No Further Questions*
- No, *No Further Questions*

*Immune checkpoint inhibitor toxicity*

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225. Does the patient have moderate or severe diarrhea or colitis?

Yes, *No Further Questions*

No, *Continue to #226*

226. Has the patient responded to systemic corticosteroids?

Yes, *No Further Questions*

No, *No Further Questions*

***I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.***

X \_\_\_\_\_

**Prescriber or Authorized Signature**

**Date (mm/dd/yy)**

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