Simponi Aria

HMSACOM - 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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Criteria Questions:

General Biologic/Targeted Synthetic Drug and TB

1. Will the requested drug be used in combination with any other biologic (e.g., Humira) or targeted synthetic drug (e.g., Olumiant, Otezla, Xeljanz) for the same indication?
❒ Yes, *Continue to #2*
❒ No, *Continue to #2*

2. Has the patient ever received (including current utilizers) a biologic (e.g., Humira) or targeted synthetic drug (e.g., Olumiant, Xeljanz) associated with an increased risk of tuberculosis?
❒ Yes, *Continue to #9*
❒ No, *Continue to #3*

3. Has the patient had a tuberculosis (TB) test (e.g., tuberculosis skin test [PPD], interferon-release assay [IGRA], chest x-ray) within 6 months of initiating therapy?
❒ Yes, *Continue to #4*
❒ No, *Continue to #4*

4. What were the results of the tuberculosis (TB) test?
❒ Positive for TB, *Continue to #5*
❒ Negative for TB, *Continue to #9*
❒ Unknown, *No Further Questions*

5. Which of the following applies to the patient?
❒ Patient has latent TB and treatment for latent TB has been initiated, *Continue to #9*
❒ Patient has latent TB and treatment for latent TB has been completed, *Continue to #9*
❒ Patient has latent TB and treatment for latent TB has not been initiated, *Continue to #9*
❒ Patient has active TB, *Continue to #9*

Indication

9. What is the diagnosis?
❒ Rheumatoid arthritis, *Continue to #100*
❒ Psoriatic arthritis, *Continue to #200*
❒ Ankylosing spondylitis, *Continue to #300*
❒ Non-radiographic - axial spondyloarthritis, *Continue to #300*
❒ Polyarticular juvenile idiopathic arthritis, *Continue to #400*
❒ Oligoarticular juvenile idiopathic arthritis, *Continue to #400*
❒ Immune checkpoint inhibitor-related toxicity – inflammatory arthritis, *Continue to #450*
❒ Other, *No Further Questions*

Rheumatoid Arthritis

100. Has the patient been diagnosed with moderately to severely active rheumatoid arthritis (RA)?
❒ Yes, *Continue to #101*
❒ No, *Continue to #101*

101. Is the patient an adult (18 years of age or older)?

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❒ Yes, *Continue to #102*
❒ No, *Continue to #102*

102. Is the requested drug being prescribed by or in consultation with a rheumatologist?
❒ Yes, *Continue to #103*
❒ No, *Continue to #103*

Continuation of Therapy

103. Is this request for continuation of therapy with the requested drug?
❒ Yes, *Continue to #104*
❒ No, *Continue to #107*

104. Is the patient currently receiving the requested drug through samples or a manufacturer's patient assistance program?
❒ Yes, *Continue to #107*
❒ No, *Continue to #105*
❒ Unknown, *Continue to #107*

105. Has the patient achieved or maintained positive clinical response since starting treatment with the requested drug?
❒ Yes, *Continue to #106*
❒ No, *Continue to #106*

106. Has the patient experienced substantial disease activity improvement (e.g., at least 20% from baseline) in tender joint count, swollen joint count, pain, or disability?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

Initial Therapy

Prior treatment with another biologic or targeted synthetic drug

107. Has the patient ever received or is currently receiving a biologic (e.g., Humira) or targeted synthetic drug (e.g., Rinvoq, Xeljanz) indicated for the treatment of moderately to severely active rheumatoid arthritis (excluding receiving the drug via samples or a manufacturer's patient assistance program)?
❒ Yes, *Continue to #108*
❒ No, *Continue to #110*

108. Is the requested drug being prescribed in combination with methotrexate or leflunomide?
❒ Yes, *No Further Questions*
❒ No, *Continue to #109*

109. Please indicate a clinical reason for the patient to not use methotrexate or leflunomide
❒ Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease, *No Further Questions*
❒ Drug interaction, *No Further Questions*
❒ Risk of treatment related toxicity, *No Further Questions*
❒ Pregnancy or currently planning pregnancy, *No Further Questions*
❒ Breastfeeding, *No Further Questions*
❒ Significant comorbidity prohibits use of systemic agents (e.g., liver or kidney disease, blood dyscrasias, uncontrolled hypertension), *No Further Questions*
❒ Hypersensitivity, *No Further Questions*

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❒ History of intolerance or adverse event, *No Further Questions*
❒ Other, *No Further Questions*
❒ No clinical reason not to use methotrexate or leflunomide, *No Further Questions*

Biomarker testing and requirements regarding prior therapy

110. Does the patient meet either of the following: a) the patient was tested for the rheumatoid factor (RF) biomarker and the RF biomarker test was positive, or b) the patient was tested for the anti-cyclic citrullinated peptide (anti-CCP) biomarker and the anti-CCP biomarker test was positive?
❒ Yes, *Continue to #112*
❒ No, *Continue to #111*

111. Has the patient been tested for all of the following biomarkers: a) rheumatoid factor (RF), b) anti-cyclic citrullinated peptide (anti-CCP), and c) C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)?
❒ Yes, *Continue to #112*
❒ No, *Continue to #112*

112. Is the requested drug being prescribed in combination with methotrexate or leflunomide?
❒ Yes, *Continue to #114*
❒ No, *Continue to #113*

113. Please indicate a clinical reason for the patient to not use methotrexate or leflunomide
❒ Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease, *Continue to #114*
❒ Drug interaction, *Continue to #114*
❒ Risk of treatment related toxicity, *Continue to #114*
❒ Pregnancy or currently planning pregnancy, *Continue to #114*
❒ Breastfeeding, *Continue to #114*
❒ Significant comorbidity prohibits the use of systemic agents (e.g., liver or kidney disease, blood dyscrasias, uncontrolled hypertension), *Continue to #114*
❒ Hypersensitivity, *Continue to #114*
❒ History of intolerance or adverse event, *Continue to #114*
❒ Other, *Continue to #114*
❒ No clinical reason not to use methotrexate or leflunomide, *Continue to #114*

114. Has the patient experienced an inadequate response after at least 3 months of treatment with methotrexate at a dose greater than or equal to 15 mg per week?
❒ Yes, *No Further Questions*
❒ No, *Continue to #115*

115. Has the patient experienced intolerance to methotrexate?
❒ Yes, *No Further Questions*
❒ No, *Continue to #116*

116. Does the patient have a contraindication to methotrexate?
❒ Yes, *Continue to #117*
❒ No, *Continue to #117*

117. Please indicate the contraindication
❒ History of intolerance or adverse event, *No Further Questions*
❒ Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease, *No Further Questions*
❒ Pregnancy or currently planning pregnancy, *No Further Questions*

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❒ Breastfeeding, *No Further Questions*
❒ Significant comorbidity prohibits the use of systemic agents (e.g., liver or kidney disease, blood dyscrasias, uncontrolled hypertension), *No Further Questions*
❒ Risk of treatment related toxicity, *No Further Questions*
❒ Hypersensitivity, *No Further Questions*
❒ Significant drug interaction, *No Further Questions*
❒ Other, *No Further Questions*

Psoriatic Arthritis

200. Is the patient 2 years of age or older?
❒ Yes, *Continue to #201*
❒ No, *Continue to #201*

201. Is the requested drug being prescribed by or in consultation with a rheumatologist or dermatologist?
❒ Yes, *Continue to #202*
❒ No, *Continue to #202*

Continuation of Therapy

202. Is this request for continuation of therapy with the requested drug?
❒ Yes, *Continue to #203*
❒ No, *Continue to #206*

203. Is the patient currently receiving the requested drug through samples or a manufacturer's patient assistance program?
❒ Yes, *Continue to #206*
❒ No, *Continue to #204*
❒ Unknown, *Continue to #206*

204. Has the patient achieved or maintained 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 #205*
❒ No, *Continue to #205*

205. Which of the following has the patient experienced an improvement in from baseline?
❒ 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*
❒ Functional status, *No Further Questions*
❒ C-reactive protein (CRP), *No Further Questions*
❒ None of the above, *No Further Questions*

Initial Therapy

206. Has the patient been diagnosed with active psoriatic arthritis (PsA)?

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❒ Yes, *Continue to #207*
❒ No, *Continue to #207*

Prior treatment with another biologic or targeted synthetic drug

207. Has the patient ever received or is currently receiving a biologic (e.g., Humira) or targeted synthetic drug (e.g., Rinvoq, Otezla) indicated for the treatment of active psoriatic arthritis (excluding receiving the drug via samples or a manufacturer's patient assistance program)?
❒ Yes, *No Further Questions*
❒ No, *Continue to #208*

New starts

208. What is the patient's disease severity?
❒ Mild to moderate, *Continue to #209*
❒ Severe, *No Further Questions*

209. Does the patient have enthesitis or predominantly axial disease?
❒ Yes, *No Further Questions*
❒ No, *Continue to #210*

210. Has the patient had an inadequate response to methotrexate, leflunomide, or another conventional synthetic drug (e.g., sulfasalazine) administered at an adequate dose and duration?
❒ Yes, *No Further Questions*
❒ No, *Continue to #211*

211. Has the patient had an intolerance to methotrexate, leflunomide, or another conventional synthetic drug (e.g., sulfasalazine)?
❒ Yes, *No Further Questions*
❒ No, *Continue to #212*

212. Does the patient have a contraindication to methotrexate or leflunomide?
❒ Yes, *Continue to #214*
❒ No, *Continue to #213*

213. Does the patient have a contraindication to another conventional synthetic drug (e.g., sulfasalazine)?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

214. Please indicate the contraindication
❒ History of intolerance or adverse event, *No Further Questions*
❒ Clinical diagnosis of alcohol use disorder, alcoholic liver disease or other chronic liver disease, *No Further Questions*
❒ Risk of treatment related toxicity, *No Further Questions*
❒ Pregnancy or currently planning pregnancy, *No Further Questions*
❒ Breastfeeding, *No Further Questions*
❒ Significant comorbidity prohibits use of systemic agents (e.g., liver or kidney disease, blood dyscrasias, uncontrolled hypertension), *No Further Questions*
❒ Hypersensitivity, *No Further Questions*
❒ Significant drug interaction, *No Further Questions*
❒ Other, *No Further Questions*

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Active ankylosing spondylitis

300. Is the patient an adult (18 years of age or older)?
❒ Yes, *Continue to #301*
❒ No, *Continue to #301*

301. Is the requested drug being prescribed by or in consultation with a rheumatologist?
❒ Yes, *Continue to #302*
❒ No, *Continue to #302*

Continuation of Therapy

302. Is this request for continuation of therapy with the requested drug?
❒ Yes, *Continue to #303*
❒ No, *Continue to #306*

303. Is the patient currently receiving the requested drug through samples or a manufacturer's patient assistance program?
❒ Yes, *Continue to #306*
❒ No, *Continue to #304*
❒ Unknown, *Continue to #306*

304. Has the patient achieved or maintained 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 #305*
❒ No, *Continue to #305*

305. Which of the following has the patient experienced an improvement in from baseline?
❒ Functional status, *No Further Questions*
❒ Total spinal pain, *No Further Questions*
❒ Inflammation (e.g., morning stiffness), *No Further Questions*
❒ Swollen joints, *No Further Questions*
❒ Tender joints, *No Further Questions*
❒ C-reactive protein (CRP), *No Further Questions*
❒ None of the above, *No Further Questions*

Initial Therapy

306. Has the patient been diagnosed with active ankylosing spondylitis (AS) or active non-radiographic axial spondyloarthritis (nr-axSpA)?
❒ Yes – Active ankylosing spondylitis, *Continue to #307*
❒ Yes – Active non-radiographic axial spondyloarthritis, *Continue to #307*
❒ No, *Continue to #307*

Prior treatment with another biologic or targeted synthetic drug

307. Has the patient ever received or is currently receiving a biologic (e.g., Humira) or targeted synthetic drug (e.g., Rinvoq, Xeljanz) indicated for the treatment of active ankylosing spondylitis or active axial spondyloarthritis (excluding receiving the drug via samples or a manufacturer's patient assistance program)?
❒ Yes, *No Further Questions*
❒ No, *Continue to #308*

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Requirements regarding prior therapy

308. Has the patient experienced an inadequate response with at least TWO nonsteroidal anti-inflammatory drugs (NSAIDs), or has an intolerance or contraindication to at least two NSAIDs?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

Articular Juvenile Idiopathic Arthritis

400. Has the patient been diagnosed with active articular juvenile idiopathic arthritis?
❒ Yes, *Continue to #401*
❒ No, *Continue to #401*

401. Is the patient 2 years of age or older?
❒ Yes, *Continue to #402*
❒ No, *Continue to #402*

402. Is the requested drug being prescribed by or in consultation with a rheumatologist?
❒ Yes, *Continue to #403*
❒ No, *Continue to #403*

Continuation of Therapy

403. Is this request for continuation of therapy with the requested drug?
❒ Yes, *Continue to #404*
❒ No, *Continue to #407*

404. Is the patient currently receiving the requested drug through samples or a manufacturer's patient assistance program?
❒ Yes, *Continue to #407*
❒ No, *Continue to #405*
❒ Unknown, *Continue to #407*

405. Has the patient achieved or maintained 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 #406*
❒ No, *Continue to #406*

406. Which of the following has the patient experienced an improvement in from baseline?
❒ Number of joints with active arthritis (e.g., swelling, pain, limitation of motion), *No Further Questions*
❒ Number of joints with limitation of movement, *No Further Questions*
❒ Functional ability, *No Further Questions*
❒ None of the above, *No Further Questions*

Initial Therapy

Prior treatment with another biologic or targeted synthetic drug

407. Has the patient ever received or is currently receiving a biologic (e.g., Humira) or targeted synthetic drug (e.g., Xeljanz) indicated for the treatment of active articular juvenile idiopathic arthritis (excluding receiving the drug via samples or a manufacturer's patient assistance program)?

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❒ Yes, *No Further Questions*
❒ No, *Continue to #408*

New starts

408. Has the patient had an inadequate response to methotrexate or another conventional synthetic drug (e.g., leflunomide, sulfasalazine, hydroxychloroquine) administered at an adequate dose and duration?
❒ Yes, *No Further Questions*
❒ No, *Continue to #409*

409. Has the patient had an inadequate response to a trial of scheduled non-steroidal anti-inflammatory drugs (NSAIDs) and/or intra-articular glucocorticoids (e.g., triamcinolone hexacetonide)?
❒ Yes, *Continue to #410*
❒ No, *Continue to #411*

410. Does the patient have one of the following risk factors for poor outcome: a) involvement of ankle, wrist, hip, sacroiliac joint, and/or temporomandibular joint (TMJ), b) presence of erosive disease or enthesitis, c) delay in diagnosis, d) elevated levels of inflammation markers, or e) symmetric disease?
❒ Yes, *No Further Questions*
❒ No, *Continue to #411*

411. Does the patient have any of the following risk factors for disease severity and potentially a more refractory disease course: a) positive rheumatoid factor, b) positive anti-cyclic citrullinated peptide antibodies, or c) pre-existing joint damage?
❒ Yes, *Continue to #412*
❒ No, *Continue to #412*

412. Does the patient meet any of the following: a) high-risk joints are involved (e.g., cervical spine, wrist, or hip), b) high disease activity, or c) high risk for disabling joint disease?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

Immune checkpoint inhibitor toxicity – Inflammatory arthritis

450. Is the requested drug being prescribed by or in consultation with an oncologist, hematologist, or rheumatologist?
❒ Yes, *Continue to #451*
❒ No, *Continue to #451*

Continuation of Therapy

451. Is this request for continuation of therapy with the requested drug?
❒ Yes, *Continue to #452*
❒ No, *Continue to #454*

452. Is the patient currently receiving the requested drug through samples or a manufacturer's patient assistance program?
❒ Yes, *Continue to #454*
❒ No, *Continue to #453*
❒ Unknown, *Continue to #454*

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453. Has the patient 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, *No Further Questions*
❒ No, *No Further Questions*

Initial Therapy

454. Does the patient have moderate or severe immunotherapy-related inflammatory arthritis?
❒ Yes, *Continue to #455*
❒ No, *Continue to #455*

455. Has the patient had an inadequate response to corticosteroids or a conventional synthetic drug (e.g., methotrexate, sulfasalazine, leflunomide, hydroxychloroquine)?
❒ Yes, *No Further Questions*
❒ No, *Continue to #456*

456. Does the patient have an intolerance or contraindication to corticosteroids?
❒ Yes, *Continue to #457*
❒ No, *Continue to #457*

457. Does the patient have an intolerance or contraindication to a conventional synthetic drug (e.g., methotrexate, sulfasalazine, leflunomide, hydroxychloroquine)?
❒ 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)**

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

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