

**Request for Prior Authorization
BIOLOGICALS FOR ARTHRITIS**
(PLEASE PRINT – ACCURACY IS IMPORTANT)

Online
covermymeds.com/main/prior-authorization-forms/

Does patient have a diagnosis of NYHA class III or IV CHF diagnosis with ejection fraction of 50% or less? Yes No

Requests for Interleukins:

Will medication be given concurrently with live vaccines? Yes No

Rheumatoid arthritis (RA); with

Documentation of a trial and inadequate response, at a maximally tolerated dose, with methotrexate (hydroxychloroquine, sulfasalazine, or leflunomide may be used if methotrexate is contraindicated).

Drug Name & Dose: _____ Trial dates: _____
Failure reason: _____

Psoriatic arthritis, moderate to severe; with

Documentation of a trial and inadequate response, at a maximally tolerated dose, with methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).

Drug Name & Dose: _____ Trial dates: _____
Failure reason: _____

Juvenile idiopathic arthritis, moderate to severe; with

Documentation of a trial and inadequate response to intraarticular glucocorticoid injections and methotrexate at a maximally tolerated dose (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).

Intraarticular Glucocorticoid Injections: Drug Name & Dose: _____ Trial dates: _____
Failure reason: _____

Plus methotrexate or preferred oral DMARD trial: Drug Name & Dose: _____
Trial dates: _____ Failure reason: _____

Reason for use of Non-Preferred drug requiring prior approval: _____

Other medical conditions to consider: _____

Attach lab results and other documentation as necessary.

Prescriber signature (Must match prescriber listed above.)	Date of submission
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IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Human Services, that the member continues to be eligible for Medicaid.