

FORWARDHEALTH
**PRIOR AUTHORIZATION DRUG ATTACHMENT FOR CYTOKINE AND CELL ADHESION
MOLECULE (CAM) ANTAGONIST DRUGS FOR GIANT CELL ARTERITIS, NEONATAL ONSET
MULTISYSTEM INFLAMMATORY DISEASE (NOMID), AND NON-RADIOGRAPHIC AXIAL
SPONDYLOARTHRITIS (NR-AXSPA)**

INSTRUCTIONS: Type or print clearly. Before completing this form, read the Prior Authorization Drug Attachment for Cytokine and Cell Adhesion Molecule (CAM) Antagonist Drugs for Giant Cell Arteritis, Neonatal Onset Multisystem Inflammatory Disease (NOMID), and Non-Radiographic Axial Spondyloarthritis (nr-axSpA) Instructions, F-01952A. Providers may refer to the Forms page of the ForwardHealth Portal at www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/ForwardHealthCommunications.aspx?panel=Forms for the completion instructions.

Pharmacy providers are required to have a completed Prior Authorization Drug Attachment for Cytokine and CAM Antagonist Drugs for Giant Cell Arteritis, NOMID, and nr-axSpA form signed by the prescriber before submitting a PA request on the Portal, by fax, or by mail. Providers may call Provider Services at 800-947-9627 with questions.

SECTION I – MEMBER INFORMATION

1. Name – Member (Last, First, Middle Initial)

2. Member ID Number

3. Date of Birth – Member

SECTION II – PRESCRIPTION INFORMATION

4. Drug Name

5. Drug Strength

6. Date Prescription Written

7. Directions for Use

8. Name – Prescriber

9. National Provider Identifier – Prescriber

10. Address – Prescriber (Street, City, State, Zip+4 Code)

11. Phone Number – Prescriber

SECTION III – CLINICAL INFORMATION (Required for all requests.)

12. Diagnosis Code and Description

Note: A copy of the member's medical records must be submitted with the PA request to support the condition being treated, details regarding previous medication use, and outline the member's current treatment plan.

SECTION III A – CLINICAL INFORMATION FOR ACTEMRA FOR GIANT CELL ARTERITIS ONLY

13. Does the member have giant cell arteritis? Yes No

14. Is the prescription written by a rheumatologist or through a rheumatology consultation? Yes No



DT-PA120-120

15. Is the member currently using Actemra? Yes No

If yes, indicate the approximate date therapy was started.

SECTION III B – CLINICAL INFORMATION FOR KINERET FOR NOMID ONLY

16. Does the member have NOMID? Yes No

17. Is the prescription written by a rheumatologist or through a rheumatology consultation? Yes No

18. Is the member currently using Kineret? Yes No

If yes, indicate the approximate date therapy was started.

SECTION III C – CLINICAL INFORMATION FOR CIMZIA FOR NR-AXSPA ONLY

19. Does the member have nr-axSpA? Yes No

20. Is the prescription written by a rheumatologist or through a rheumatology consultation? Yes No

21. Is the member currently using Cimzia? Yes No

If yes, indicate the approximate date therapy was started.

SECTION IV – AUTHORIZED SIGNATURE

22. **SIGNATURE** – Prescriber

23. Date Signed

SECTION V – ADDITIONAL INFORMATION

24. Include any additional information in the space below. Additional diagnostic and clinical information explaining the need for the drug requested may be included here.
