FORWARDHEALTH

PRIOR AUTHORIZATION DRUG ATTACHMENT FOR CYTOKINE AND CELL ADHESION MOLECULE (CAM) ANTAGONIST DRUGS FOR DEFICIENCY OF INTERLEUKIN-1 RECEPTOR ANTAGONIST (DIRA), 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 Deficiency of Interleukin-1 Receptor Antagonist (DIRA), Giant Cell Arteritis, Neonatal Onset Multisystem Inflammatory Disease (NOMID), and Non-Radiographic Axial Spondyloarthritis (nr-axSpA) Instructions, F-01952A. Prescribers 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 DIRA, Giant Cell Arteritis, NOMID, and nr-axSpA form signed and dated by the prescriber before submitting a PA request on the Portal, by fax, or by mail. Prescribers and pharmacy 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. Address – Prescriber (Street, City, State, Zip+4 Code)

10. Phone Number – Prescriber	11. National Provider Identifier – Prescriber

SECTION III – CLINICAL INFORMATION (Required for All Requests)

12. Diagnosis Code and Description

Note: Supporting clinical information and a copy of the member's current medical records must be submitted with all PA requests.

DT-PA120-120

SECTION III A – CLINICAL INFORMATION FOR KINERET FOR DIRA ONLY

13. Does the member have DIRA?	❑ Yes	❑ No
14. Is the prescription written by or through consultation with a DIRA specialist (for example, an immunologist or a rheumatologist)?	❑ Yes	❑ No
15. Is the member currently using Kineret?	❑ Yes	❑ No

If yes, indicate the approximate date therapy was started.

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

16. Does the member have giant cell arteritis?	❑ Yes	❑ No
17. Is the prescription written by a rheumatologist or through a rheumatology consultation?	❑ Yes	❑ No
18. Is the member currently using Actemra?	❑ Yes	❑ No

If yes, indicate the approximate date therapy was started.

SECTION III C – CLINICAL INFORMATION FOR KINERET FOR NOMID ONLY

19. Does the member have NOMID?	❑ Yes	❑ No
20. Is the prescription written by a rheumatologist or through a rheumatology consultation?	❑ Yes	❑ No
21. Is the member currently using Kineret?	❑ Yes	❑ No

If yes, indicate the approximate date therapy was started.

SECTION III D – CLINICAL INFORMATION FOR NR-AXSPA ONLY

22. Does the member have nr-axSpA?	❑ Yes	❑ No
23. Is the prescription written by a rheumatologist or through a rheumatology consultation?	❑ Yes	❑ No
24. Is the member currently using the requested non-preferred drug?	❑ Yes	❑ No

If yes, indicate the approximate date therapy was started.

SECTION IV – AUTHORIZED SIGNATURE

25. **SIGNATURE** – Prescriber	26. Date Signed

SECTION V – ADDITIONAL INFORMATION

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

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