

COMPLEMENT INHIBITORS PRIOR AUTHORIZATION FORM (form effective 9/10/2023)

Prior authorization guidelines for **Complement Inhibitors** and **Quantity Limits** are available on the DHS Pharmacy Services website at <https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/default.aspx>.

<input type="checkbox"/> New request <input type="checkbox"/> Renewal request		# of pages: _____	Prescriber name:	
Name of office contact:			Specialty:	
Contact's phone number:			NPI:	State license #:
LTC facility contact/phone:			Street:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

CLINICAL INFORMATION

STARTING DOSE requested (drug name / strength / formulation [eg, syringe, vial, capsule, etc.]):		MAINTENANCE DOSE requested (drug name / strength / formulation [eg, syringe, vial, capsule, etc.]):	
Quantity per fill:	Refills:	Quantity per fill:	Refills:
Directions:		Directions:	
Diagnosis (<i>submit documentation</i>):		Dx code (<i>required</i>):	Weight (kg):
SPECIALTY PHARMACY DRUG PROGRAM: <u>Enjaymo</u> , <u>Soliris</u> , and <u>Ultomiris</u> are included in the DHS Specialty Pharmacy Drug Program and is available from DHS's specialty pharmacy. Refer to https://www.dhs.pa.gov/providers/Pharmacy-Services/Pages/Specialty-Pharmacy-Program.aspx for more information about the Specialty Pharmacy Drug Program.		DHS specialty pharmacy: Chartwell Pennsylvania, LP Oakdale, PA Phone: 833-710-0211 Fax: 412-920-1869 www.chartwellpa.com	
Is the requested medication being prescribed by or in consultation with a specialist (e.g., hematologist/oncologist, neurologist, nephrologist, etc.)?		<input type="checkbox"/> Yes	<i>Submit documentation of consultation if applicable.</i>
		<input type="checkbox"/> No	

INITIAL requests

Check all of the following that apply to the beneficiary and this request and **SUBMIT DOCUMENTATION** for each item.

- The beneficiary is up to date on the following vaccines as recommended in the FDA-approved package labeling:
- meningococcal conjugate (MenACWY; eg, Menactra, MenQuadfi, Menveo)
 - meningococcal serogroup B (MenB; eg, Bexsero, Trumenba)
 - pneumococcal conjugate (PCV13, PCV15, PCV20)
 - pneumococcal polysaccharide (PPSV23; eg, Pneumovax 23)

Haemophilus influenza (Hib; eg, ActHIB, Hiberix, PedvaxHIB, Pentacel, Vaxelis)

For the treatment of generalized myasthenia gravis:

- Has a positive serologic test for anti-AChR antibodies
- Has a Myasthenia Gravis Foundation of America (MGFA) Clinical Classification of class II, III, or IV at initiation of therapy
- Has a myasthenia gravis-specific activities of daily living scale (MG-ADL) total score ≥ 6 at initiation of therapy
- Failed treatment over 6 months or more with 2 or more immunosuppressive therapies either in combination or as monotherapy
- Has a contraindication or intolerance to immunosuppressive therapies
- Failed treatment with IVIG
- Has a contraindication or intolerance to IVIG
- Failed treatment with plasma exchange
- Has a contraindication or intolerance to plasma exchange

For the treatment of neuromyelitis optica spectrum disorder:

- Failed treatment with rituximab
- Has a contraindication or an intolerance to rituximab

For Tavneos (avacopan):

- Prescribed dose is appropriate based on concomitant strong CYP3A4 inhibitors (e.g., protease inhibitors, azole antifungals, nefazodone)
- Not taking concomitant strong CYP3A4 inhibitors (*submit complete medication list*)

RENEWAL requests

Check all of the following that apply to the beneficiary and this request and **SUBMIT DOCUMENTATION** for each item.

- Tolerated the requested medication (no significant adverse effects)
- Experienced a positive clinical response to the requested medication
- For Tavneos (avacopan):**
 - Prescribed dose is appropriate based on concomitant strong CYP3A4 inhibitors (e.g., protease inhibitors, azole antifungals, nefazodone)
 - Not taking concomitant strong CYP3A4 inhibitors (*submit complete medication list*)

PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION TO DHS – PHARMACY DIVISION

Prescriber Signature:

Date:

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