



**CYTOKINE AND CAM ANTAGONISTS PRIOR AUTHORIZATION FORM** (form effective 1/5/2026)

Prior authorization guidelines for **Cytokine and CAM Antagonists** and **Quantity Limits/Daily Dose Limits** are available on the DHS Pharmacy Services website at <https://www.pa.gov/agencies/dhs/resources/for-providers/ma-for-providers/pharmacy-services>.

<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 address:	
Beneficiary name:			City/state/zip:	
Beneficiary ID#:	DOB:	Phone:	Fax:	

**CLINICAL INFORMATION**

<b>STARTER PACK</b> requested (drug name / strength / formulation [pen, syringe, tablet, etc.]):		<b>MAINTENANCE</b> product/packaging requested (drug name / strength / formulation [pen, syringe, tablet, etc.]):	
Quantity per fill:	Refills:	Quantity per fill:	Refills:
Directions:		Directions:	
Diagnosis ( <u>submit documentation</u> ):		Dx code ( <u>required</u> ):	Beneficiary weight:
Is the beneficiary currently being treated with the requested medication?		<input type="checkbox"/> Yes – date of last dose: _____ <i>Submit documentation.</i> <input type="checkbox"/> No	
Is the requested medication prescribed by or in consultation with a specialist (eg, rheumatologist, dermatologist, gastroenterologist, etc.)?		<input type="checkbox"/> Yes <i>If prescriber is not a specialist, submit documentation of consultation.</i> <input type="checkbox"/> No	

**Complete all sections that apply to the beneficiary and this request.**  
**Check all that apply and submit documentation for each item.**

**INITIAL requests**

**DRUG**

- Requested drug is NON-PREFERRED on the Statewide PDL:**  
 Tried and failed or has a contraindication or intolerance to the preferred drugs in this class approved or medically accepted for the beneficiary's condition (Refer to <https://papdl.com/preferred-drug-list> for a list of preferred and non-preferred drugs in this class.)
- Requested drug is BIMZELX (bimekizumab), OTEZLA (apremilast), or SILIQ (brodalumab):**  
 Was evaluated for history of suicide attempt, bipolar disorder, or major depressive disorder
- Requested drug is an ORAL JAK INHIBITOR (eg, Olumiant [baricitinib], Rinvoq [upadacitinib], Xeljanz [tofacitinib]):**  
 Tried and failed at least one TNF blocker or other biologic as recommended in the JAK inhibitor's package labeling  
 Has a contraindication or an intolerance to TNF blockers or other biologics as recommended in the JAK inhibitor's package labeling



### DIAGNOSIS

**1. ALL diagnoses:**

- Screened for hepatitis B virus infection (surface antigen, surface antibody, and core antibody)
- Screened for tuberculosis

**2. Adult-onset Still's disease (AOSD):**

- Has predominantly systemic AOSD AND:
  - Has steroid-dependent AOSD
  - Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
- Has predominantly joint AOSD AND:
  - Tried and failed or has a contraindication or an intolerance to conventional DMARDs (eg, MTX)

**3. Alopecia areata:**

- Has alopecia universalis
- Has >50% scalp involvement or alopecia totalis
- Has alopecia that causes significant disability or impaired physical, mental, or psychosocial functioning
- Has a current episode of alopecia areata that has lasted at least 6 months

**4. Ankylosing spondylitis & non-radiographic axial spondyloarthritis:**

- Tried and failed a 2-week trial of or has a contraindication or an intolerance to 2 different oral NSAIDs

**5. Behçet's syndrome:**

- Has recurrent oral ulcers associated with Behçet's syndrome
- Tried and failed or has a contraindication or an intolerance to a topical corticosteroid (eg, triamcinolone dental paste)
- Tried and failed a 3-month trial of colchicine at maximally tolerated doses or has a contraindication or an intolerance to colchicine

**6. Crohn's disease (CD):**

- Has moderate-to-severe CD
- Has CD that is associated with high-risk or poor prognostic features
- Has achieved remission with the requested medication AND:
  - Will be using the requested medication as maintenance therapy to maintain remission

**7. Familial Mediterranean fever:**

- Tried and failed a 3-month trial of colchicine at maximally tolerated doses or has a contraindication or an intolerance to colchicine

**8. Generalized pustular psoriasis (GPP):**

- Request is for Spevigo (spesolimab) AND:
  - Beneficiary has received a single dose of Spevigo (spesolimab) for the current GPP flare AND:
    - Continues to experience moderate to severe GPP flare symptoms since the previous dose
  - Beneficiary has not received a dose of Spevigo (spesolimab) for the current GPP flare AND:
    - Is experiencing a moderate to severe GPP flare that warrants rapid stabilization or improvement

**9. Giant cell arteritis (GCA):**

- Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
- Is at high risk for glucocorticoid-related complications
- Has steroid-dependent GCA

**10. Gout flares:**

- Tried and failed maximally tolerated doses of or has a contraindication or an intolerance to NSAIDs
- Tried and failed maximally tolerated doses of or has a contraindication or an intolerance to colchicine
- Tried and failed maximally tolerated doses of or has a contraindication or an intolerance to corticosteroids
- Has a medical reason why repeated courses of corticosteroids are not appropriate

**11. Hidradenitis suppurativa (HS):**



- Has Hurley stage II or stage III HS
- Is a candidate for or has a history of surgical intervention for HS
- Tried and failed a 3-month trial of or has a contraindication or an intolerance to topical clindamycin
- Tried and failed or has a contraindication or an intolerance to systemic antibiotics (eg, doxycycline, minocycline, tetracycline, clindamycin)

**12. Juvenile idiopathic arthritis (JIA):**

- Has systemic JIA with active systemic features
- Has JIA associated with any of the following:
  - Positive anti-CCP antibodies
  - Presence of joint damage
  - High disease activity
  - Positive rheumatoid factor
  - High risk of disabling joint damage
  - Involvement of high-risk joints (cervical spine, hip, wrist)
- Tried and failed a 3-month trial of or has a contraindication or an intolerance to conventional DMARDs (eg, MTX)
- Has active sacroiliitis and/or enthesitis AND:
  - Tried and failed a 2-week trial of or has a contraindication or an intolerance to oral NSAIDs

**13. Plaque psoriasis:**

- Has a BSA of  $\geq 3\%$  that is affected
- Has involvement of critical areas of the body (eg, skin folds, face, genitals)
- Has psoriasis that causes significant disability or impaired physical, mental, or psychosocial functioning
- Has moderate-to-severe nail psoriasis
- Tried and failed a 4-week trial of or has a contraindication or an intolerance to topical corticosteroids
- Tried and failed an 8-week trial of or has a contraindication or an intolerance to non-steroid topical medications (eg, anthralin, calcineurin inhibitor, tazarotene, etc)

**14. Polymyalgia rheumatica (PMR):**

- Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
- Has steroid-dependent PMR

**15. Psoriatic arthritis (PsA):**

- Tried and failed an 8-week trial of or has a contraindication or an intolerance to conventional DMARDs (eg, AZA, leflunomide, MTX, SSZ)
- Has predominantly axial PsA, dactylitis, and/or enthesitis
- Has severe PsA
- Has comorbid moderate-to-severe nail psoriasis
- Has comorbid active inflammatory bowel disease

**16. Rheumatoid arthritis:**

- Tried and failed a 3-month trial of or has a contraindication or an intolerance to conventional DMARDs (eg, AZA, leflunomide, MTX, etc)

**17. Sarcoidosis:**

- Tried and failed or has a contraindication or an intolerance to systemic glucocorticoids
- Has steroid-dependent sarcoidosis
- Tried and failed a conventional DMARD (eg, AZA, leflunomide, MTX, mycophenolate) or has a contraindication or an intolerance to conventional DMARDs

**18. Ulcerative colitis (UC):**

- Has moderate-to-severe UC
- Has mild UC associated with multiple poor prognostic factors
- Has achieved remission with the requested medication AND:
  - Will be using the requested medication as maintenance therapy to maintain remission

**19. Uveitis (non-infectious):**

- Has comorbid juvenile idiopathic arthritis
- Has comorbid Behçet's syndrome
- Has steroid-dependent uveitis
- Tried and failed or has a contraindication or an intolerance to systemic, topical, intraocular, or periocular corticosteroids



Tried and failed or has a contraindication or an intolerance to conventional systemic immunosuppressives (eg, AZA, MTX, MMF, etc)

20. Other diagnosis: \_\_\_\_\_

List other treatments tried (including start/stop dates, dose, outcomes): \_\_\_\_\_

**RENEWAL requests**

Experienced an improvement in disease severity or level of functioning since starting therapy with the requested medication

Is prescribed an increased dose or more frequent administration of the requested medication

Requested drug is **BIMZELX (bimekizumab), OTEZLA (apremilast), or SILIQ (brodalumab):**

Was recently reevaluated for behavioral and mood changes

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

Prescriber Signature:

Date:

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