Jefferson Health Plans

PRIOR AUTHORIZATION REQUEST FORM

Individual and Family Plans

Simponi

Fax back to: (833) 605-4407

Phone: (215) 991-4300

Jefferson Health Plans manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above.

PLEASE NOTE: Any information (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.

Patient Name:	**Prescriber Name:**
Member Number:	Fax: Phone:
Date of Birth:	Office Contact:
Line of Business: □ Exchange - PA	NPI: State Lic ID:
Address:	Address:
City, State ZIP:	City, State ZIP:
Primary Phone:	**Specialty/facility name (if applicable):**

☐ REQUEST FOR EXPEDITED REVIEW: By checking this box and signing below, I certify that the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function.

Drug Name:	
Strength:	
Directions / SIG:	

Please attach any pertinent medical history including labs and information for this member that may support approval.

Please answer the following questions and sign.

Q1. Is this an initial or continuation request? For initial, go to 2.

- ☐ For continuation for RA, go to 18.
- ☐ For continuation for PsA go to 19.
- ☐ For continuation for AS or nr-axSpA go to 20.
- ☐ For continuation for UC go to 21.
- ☐ For continuation of immune checkpoint inhibitor-related toxicity go to 23.

Q2. Is the medication being prescribed by or in consultation with a rheumatologist (for RA, AS, nr-axSpA, PsA, immune checkpoint inhibitor-related toxicitiy), dermatologist (for PsA),gastroenterologist (for UC), or oncologist/hematologist for immune checkpoint inhibitor-related toxicity?

☐ Yes ☐ No

Q3. Does the patient have moderately to severely active Rheumatoid Arthritis (RA)? If YES, go to 8. If NO, go to 4.

☐ Yes ☐ No

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Q4. Does the patient have active Psoriatic arthritis (PsA)? If YES, go to 11. If NO, go to 5.

☐ Yes ☐ No

Q5. Does the patient have active Ankylosing spondylitis (AS) or active non-radiographic axial spondyloarthritis (nr-axSpA)? If YES, go to 14. If NO, go to 6.

☐ Yes ☐ No

Q6. Does the patient have moderately to severely active Ulcerative colitis (UC)? If YES, go to 24. If NO, go to 7.

☐ Yes ☐ No

Q7. Does the patient have immune checkpoint inhibitor-related toxicity? If YES, go to 16.

☐ Yes ☐ No

Q8. For RA, has the patient previously received a biologic or targeted synthetic drug (e.g., Rinvoq, Otezla) indicated for RA with chart notes, medical record documentation, or claims history supporting previous medications tried? Include response to therapy. If YES, go to 24. If NO, go to 9.

☐ Yes ☐ No

Q9. Will the requested medication be prescribed in combination with methotrexate or leflunomide, or is there a clinical reason not to use methotrexate or leflunomide? Please provide reason, if applicable.

☐ Yes ☐ No

Q10. Has the patient been tested for RF, Anti-CCP and C-reactive protein (CRP) and/or erythrocyte sedimentation rate (ESR)? Please attach documentation. If YES, go to 24.

☐ Yes ☐ No

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Patient Name:	**Prescriber Name:**

Q11. For PsA, has the patient previously received a biologic or targeted synthetic drug (e.g., Rinvoq, Otezla) indicated for PsA with chart notes, medical record documentation, or claims history supporting previous medications tried? Include response to therapy. If YES, go to 24.

☐ Yes ☐ No

Q12. Does the patient have mild to moderate disease and meets one of the following?

• The patient has had an inadequate response to methotrexate, leflunomide, or another conventional synthetic drug (e.g., sulfasalazine) administered at an adequate dose and duration.

• The patient has an intolerance or contraindication to methotrexate, leflunomide, or another conventional synthetic drug (e.g., sulfasalazine).

• The patient has enthesitis or predominantly axial disease.

(Attach chart notes, medical record documentation, or claims history supporting previous medications tried. Include response to therapy or documentation of clinical reason to avoid therapy.)

If YES, go to 24. If NO, go to 13.

☐ Yes ☐ No

Q13. Does the patient have severe disease? If YES, go to 24.

☐ Yes ☐ No

Q14. Has the patient previously received a biologic or targeted synthetic drug (e.g., Rinvoq, Otezla) indicated for AS or nr-axSpA with chart notes, medical record documentation, or claims history supporting previous medications tried? Include response to therapy. If YES, go to 24. If NO, go to 15.

☐ Yes ☐ No

Q15. Has the patient experienced an inadequate response to at least two non-steroidal anti-inflammatory drugs (NSAIDs) or has an intolerance or contraindication to two or more NSAIDs. (Attach chart notes, medical record documentation, or claims history supporting previous

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medications tried. Include response to therapy or documentation of clinical reason to avoid therapy.) If YES, go to 24.

☐ Yes ☐ No

Q16. For immune checkpoint inhibitor-related toxicity, Has the patient experienced an inadequate response to corticosteroids or a conventional synthetic drug (e.g., methotrexate, sulfasalazine, leflunomide, hydroxychloroquine).? If YES, go to 24 If NO, go to 17.

☐ Yes ☐ No

Q17. Has the patient experienced an intolerance or contraindication to corticosteroids and a conventional synthetic drug (e.g., methotrexate, sulfasalazine, leflunomide, hydroxychloroquine). If YES, go to 24.

☐ Yes ☐ No

Q18. For continuation of therapy for RA, has the patient achieved or maintained a positive clinical response as evidenced by disease activity improvement of at least 20% from baseline in tender joint count, swollen joint count, pain, or disability (chart notes or medical records attached). If YES, go to 24.

☐ Yes ☐ No

Q19. For continuation of therapy for PsA, has the patient achieved or maintained positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline (chart notes or medical records attached):

- Number of swollen joints
- Number of tender joints
- Dactylitis
- Enthesitis
- Axial disease
- Skin and/or nail involvement
- Functional status
- C-reactive protein (CRP)

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If YES, go to 24.

☐ Yes ☐ No

Q20. For continuation of therapy for AS and nr-axSpA, has the patient achieved or maintained positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline (chart notes or medical records attached):

- Functional status
- Total spinal pain
- Inflammation (e.g., morning stiffness)
- Swollen joints
- Tender joints
- C-reactive protein (CRP)

If YES, go to 24.

☐ Yes ☐ No

Q21. For continuation of therapy for UC, has the patient achieved or maintained remission (chart notes or medical records attached)? If YES, go to 24.

☐ Yes ☐ No

Q22. Has the patient achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition when there is improvement in any of the following from baseline (chart notes or medical records attached):

- Stool frequency
- Rectal bleeding
- Urgency of defecation

If YES, go to 24.

☐ Yes ☐ No

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Q23. For immune checkpoint inhibitor-related toxicity, has the patient achieved or maintained a positive clinical response as evidenced by low disease activity or improvement in signs and symptoms of the condition? If YES, go to 24.

☐ Yes ☐ No

Q24. Has the member had a documented negative TB test (which can include a tuberculosis skin test [TST] or an interferon-release assay [IGRA]) within 6 months of initiating therapy for persons who are naïve to biologic drugs or targeted synthetic drugs associated with an increased risk of TB? If YES, go to 27. If NO, go to 25.

☐ Yes ☐ No

Q25. If TB test was positive, has active TB been ruled out (e.g., chest x-ray)? If YES, go to 26.

☐ Yes ☐ No

Q26. If latent TB is present, has treatment been initiated before starting the requested medication? If YES, go to 27.

☐ Yes ☐ No

Q27. Is the member using the requested medication concurrently with another biologic or targeted synthetic drug?

☐ Yes ☐ No

Q28. Additional Information:

Prescriber Signature

Date

v2025