



2024 PRIOR AUTHORIZATION REQUEST FORM
Individual and Family Plans

Arcalyst

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.

Form with fields: Patient Name, Prescriber Name, Member Number, Fax: Phone, Date of Birth, Office Contact, Line of Business, NPI, State Lic ID, Address, 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.

Form with fields: 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. Does the patient have a confirmed diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS), Familial Cold Autoinflammatory Syndrome (FCAS), Muckle-Wells Syndrome (MWS)?

Yes No

Q2. Is the patient 12 years of age or older?

Yes No

Q3. Does the patient have a confirmed diagnosis of Deficiency of Interleukin-1 Receptor Antagonist (DIRA)?

Yes No

Q4. Does the patient weight at least 10kg?

Yes No

Q5. Is documentation attached showing the need for maintenance of remission of DIRA?

Yes No

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Patient Name:	Prescriber Name:
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Q6. Does the patient have a diagnosis of recurrent pericarditis (RP)?

Yes

No

Q7. Is documentation attached showing a trial of, intolerance to, or contraindication to at least one of the following: nonsteroidal anti-inflammatory drugs, colchicine, or corticosteroids?

Yes

No

Q8. Additional Information:

Prescriber Signature

Date
2024 Prior Authorization Request