PRIOR AUTHORIZATION (PA) REQUEST FORM GUIDE

STEP-BY-STEP GUIDE

Prior Authorization (PA) Request Form Sample

While PA request forms may vary by insurance provider, there is some information that is almost universally required as part of the PA request form process. Learn more about PA request forms with the example below:

PA request forms will typically provide you with the preferred method of delivering your PA request and necessary documentation.

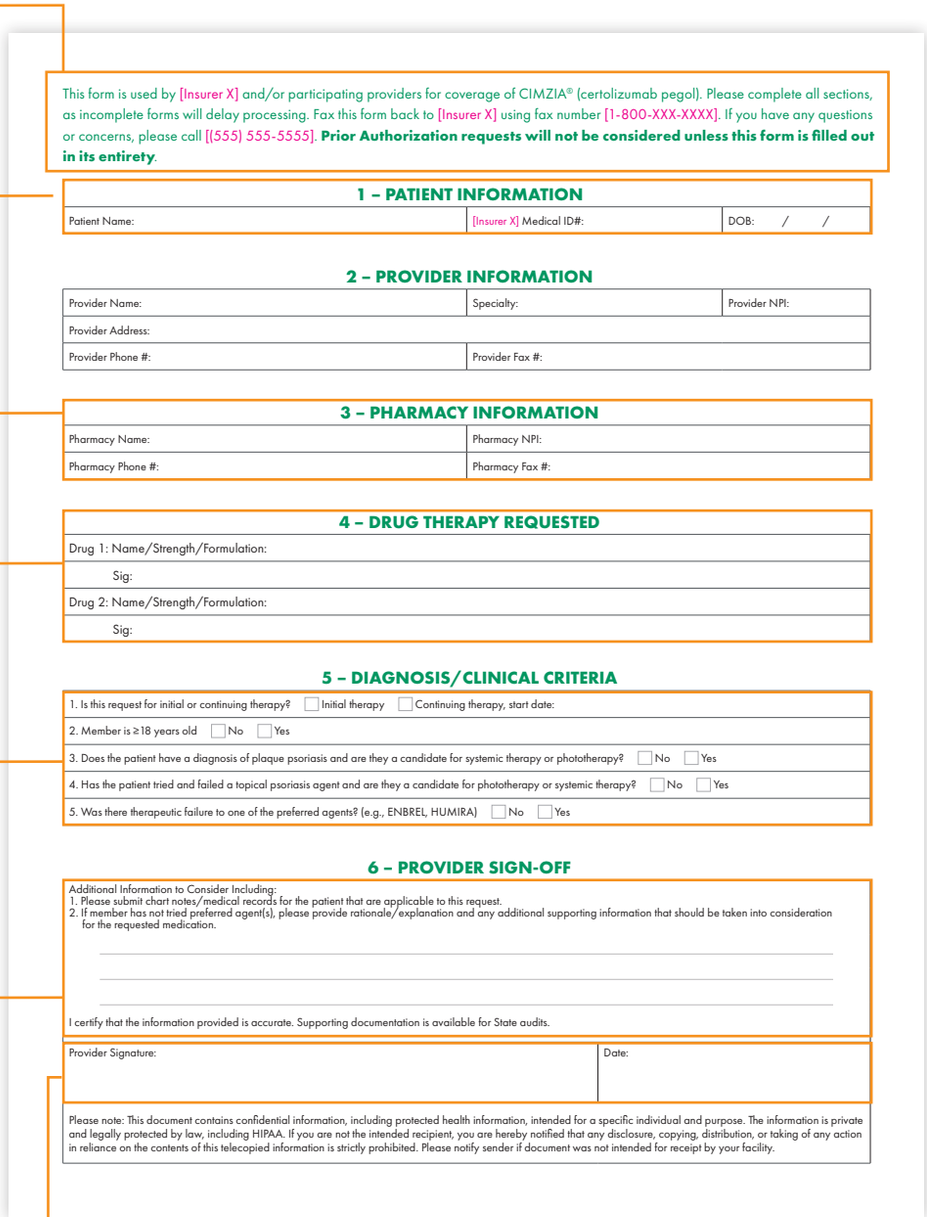
Make sure that you have the required patient information available when completing the PA request form.

Make sure you have the preferred pharmacy's information so you can enter it in this field.

When prompted to enter the patient's requested prescription therapy, make sure to provide the proper dosage amount and schedule.

Some insurers have certain criteria that the patient must meet in order to be authorized for CIMZIA® (certolizumab pegol). Make sure to answer these questions in full, or else the patient may be rejected.

Some treatments require that the patient first try a different initial therapy. If the patient has not been prescribed an initial therapy, you may need to explain the rationale in addition to providing the patient's treatment history in the supplemental documents.



This form is used by [Insurer X] and/or participating providers for coverage of CIMZIA® (certolizumab pegol). Please complete all sections, as incomplete forms will delay processing. Fax this form back to [Insurer X] using fax number [1-800-XXX-XXXX]. If you have any questions or concerns, please call [(555) 555-5555]. **Prior Authorization requests will not be considered unless this form is filled out in its entirety**.

1 – PATIENT INFORMATION

Patient Name:	[Insurer X] Medical ID#:	DOB: / /

2 – PROVIDER INFORMATION

Provider Name:	Specialty:	Provider NPI:
Provider Address:		
Provider Phone #:	Provider Fax #:	

3 – PHARMACY INFORMATION

Pharmacy Name:	Pharmacy NPI:
Pharmacy Phone #:	Pharmacy Fax #:

4 – DRUG THERAPY REQUESTED

Drug 1: Name/Strength/Formulation:
Sig:
Drug 2: Name/Strength/Formulation:
Sig:

5 – DIAGNOSIS/CLINICAL CRITERIA

1. Is this request for initial or continuing therapy? ☐ Initial therapy ☐ Continuing therapy, start date:
2. Member is ≥18 years old ☐ No ☐ Yes
3. Does the patient have a diagnosis of plaque psoriasis and are they a candidate for systemic therapy or phototherapy? ☐ No ☐ Yes
4. Has the patient tried and failed a topical psoriasis agent and are they a candidate for phototherapy or systemic therapy? ☐ No ☐ Yes
5. Was there therapeutic failure to one of the preferred agents? (e.g., ENBREL, HUMIRA) ☐ No ☐ Yes

6 – PROVIDER SIGN-OFF

Additional Information to Consider Including:
1. Please submit chart notes/medical records for the patient that are applicable to this request.
2. If member has not tried preferred agent(s), please provide rationale/explanation and any additional supporting information that should be taken into consideration for the requested medication.

I certify that the information provided is accurate. Supporting documentation is available for State audits.

Provider Signature:	Date:

Please note: This document contains confidential information, including protected health information, intended for a specific individual and purpose. The information is private and legally protected by law, including HIPAA. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or taking of any action in reliance on the contents of this telecopied information is strictly prohibited. Please notify sender if document was not intended for receipt by your facility.

Remember to sign and date your PA request form.

Please see Important Safety Information on the following page and full Prescribing Information enclosed or at **CIMZIAhcp.com**.

PRIOR AUTHORIZATION (PA) REQUEST GUIDE

If an insurance provider requires a PA, the following steps can help you gather the necessary information.

1. Contact the patient's current insurance provider.

2. Request the insurance provider's PA request form.

3. Ask the provider about what additional information is needed to perform the PA request.
   - This information is typically the patient's past test results, medical history, chart notes, and a letter of medical necessity.

4. Complete the PA request form in its entirety. Incomplete information may result in a PA denial. **See reverse side for a sample PA request form**.

5. Check the insurance provider's website to determine how the PA form and additional requirements should be delivered. This could be through fax, email, or the provider's website.

6. Update your patient on the PA request, in case the insurance provider reaches out to them.

Important Safety Information

INDICATIONS

CIMZIA is a tumor necrosis factor (TNF) blocker indicated for:

- Reducing signs and symptoms of Crohn's disease and maintaining clinical response in adult patients with moderately to severely active disease who have had an inadequate response to conventional therapy
- Treatment of adults with moderately to severely active rheumatoid arthritis
- Treatment of active polyarticular juvenile idiopathic arthritis (pJIA) in patients 2 years of age and older
- Treatment of adult patients with active psoriatic arthritis
- Treatment of adults with active ankylosing spondylitis
- Treatment of adults with active non-radiographic axial spondyloarthritis with objective signs of inflammation
- Treatment of adults with moderate-to-severe plaque psoriasis who are candidates for systemic therapy or phototherapy

Important Safety Information

CONTRAINDICATIONS

CIMZIA is contraindicated in patients with a history of hypersensitivity reaction to certolizumab pegol or to any of the excipients. Reactions have included angioedema, anaphylaxis, serum sickness, and urticaria.

SERIOUS INFECTIONS

Patients treated with CIMZIA are at increased risk for developing serious infections that may lead to hospitalization or death. Most patients who developed these infections were taking concomitant immunosuppressants such as methotrexate or corticosteroids.

Discontinue CIMZIA if a patient develops a serious infection or sepsis.

Reported infections include:

- **Active tuberculosis (TB), including reactivation of latent TB. Patients with TB have frequently presented with disseminated or extrapulmonary disease. Test patients for latent TB before CIMZIA use and during therapy. Initiate treatment for latent TB prior to CIMZIA use.**
- **Invasive fungal infections, including histoplasmosis, coccidioidomycosis, candidiasis, aspergillosis, blastomycosis, and pneumocystosis. Patients with histoplasmosis or other invasive fungal infections may present with disseminated, rather than localized, disease. Antigen and antibody testing for histoplasmosis may be negative in some patients with active infection. Consider empiric anti-fungal therapy in patients at risk for invasive fungal infections who develop severe systemic illness.**
- **Bacterial, viral, and other infections due to opportunistic pathogens, including Legionella and Listeria.**

Carefully consider the risks and benefits of treatment with CIMZIA prior to initiating therapy in the following patients: with chronic or recurrent infection; who have been exposed to TB; with a history of opportunistic infection; who resided in or traveled in regions where mycoses are endemic; with underlying conditions that may predispose them to infection. Monitor patients closely for the development of signs and symptoms of infection during and after treatment with CIMZIA, including the possible development of TB in patients who tested negative for latent TB infection prior to initiating therapy.

- Do not start CIMZIA during an active infection, including localized infections.
- Patients older than 65 years, patients with co-morbid conditions, and/or patients taking concomitant immunosuppressants may be at greater risk of infection.
- If an infection develops, monitor carefully and initiate appropriate therapy.

MALIGNANCY

Lymphoma and other malignancies, some fatal, have been reported in children and adolescent patients treated with TNF blockers, of which CIMZIA is a member. Consider the risks and benefits of CIMZIA treatment prior to initiating or continuing therapy in a patient with known malignancy.

- In clinical trials, more cases of malignancies were observed among CIMZIA-treated patients compared to control patients.
- In CIMZIA clinical trials, there was an approximately 2-fold higher rate of lymphoma than expected in the general U.S. population. Patients with rheumatoid arthritis, particularly those with highly active disease, are at a higher risk of lymphoma than the general population.
- Malignancies, some fatal, have been reported among children, adolescents, and young adults being treated with TNF blockers. Approximately half of the cases were lymphoma, while the rest were other types of malignancies, including rare types associated with immunosuppression and malignancies not usually seen in this patient population.
- Postmarketing cases of hepatosplenic T-cell lymphoma (HSTCL), a rare type of T-cell lymphoma, have been reported in patients treated with TNF blockers, including CIMZIA. These cases have had a very aggressive disease course and have been fatal. The majority of reported TNF blocker cases have occurred in patients with Crohn's disease or ulcerative colitis, and the majority were in adolescent and young adult males. Almost all of these patients had received treatment with azathioprine or 6-mercaptopurine concomitantly with a TNF blocker at or prior to diagnosis. Carefully assess the risks and benefits of treating with CIMZIA in these patient types.
- Cases of acute and chronic leukemia were reported with TNF blocker use.

HEART FAILURE

- Worsening and new onset congestive heart failure (CHF) have been reported with TNF blockers. Exercise caution and monitor carefully.

HYPERSENSITIVITY

- Angioedema, anaphylaxis, dyspnea, hypotension, rash, serum sickness, and urticaria have been reported following CIMZIA administration. If a serious allergic reaction occurs, stop CIMZIA and institute appropriate therapy. The needle shield inside the removable cap of the CIMZIA prefilled syringe contains a derivative of natural rubber latex that may cause an allergic reaction in individuals sensitive to latex.

HEPATITIS B VIRUS REACTIVATION

- Use of TNF blockers, including CIMZIA, may increase the risk of reactivation of hepatitis B virus (HBV) in patients who are chronic carriers. Some cases have been fatal.
- Test patients for HBV infection before initiating treatment with CIMZIA.
- Exercise caution in patients who are carriers of HBV and monitor them before and during CIMZIA treatment.
- Discontinue CIMZIA and begin antiviral therapy in patients who develop HBV reactivation. Exercise caution when resuming CIMZIA after HBV treatment.

NEUROLOGIC REACTIONS

- TNF blockers, including CIMZIA, have been associated with rare cases of new onset or exacerbation of central nervous system and peripheral demyelinating diseases, including multiple sclerosis, seizure disorder, optic neuritis, peripheral neuropathy, and Guillain-Barré syndrome.

HEMATOLOGIC REACTIONS

- Rare reports of pancytopenia, including aplastic anemia, have been reported with TNF blockers. Medically significant cytopenia has been infrequently reported with CIMZIA.
- Consider stopping CIMZIA if significant hematologic abnormalities occur.

DRUG INTERACTIONS

- Do not use CIMZIA in combination with other biological DMARDS.

AUTOIMMUNITY

- Treatment with CIMZIA may result in the formation of autoantibodies and, rarely, in development of a lupus-like syndrome. Discontinue treatment if symptoms of a lupus-like syndrome develop.

IMMUNIZATIONS

- Avoid use of live vaccines during or immediately prior to initiating CIMZIA. Update immunizations in agreement with current immunization guidelines prior to initiating CIMZIA therapy.

ADVERSE REACTIONS

- The most common adverse reactions in CIMZIA clinical trials (≥8%) were upper respiratory infections (18%), rash (9%), and urinary tract infections (8%).

Inspired by **patients.**
Driven by **science.**

US-CZ-2400644