COSENTYX (SECUKINUMAB) (NON-PREFERRED) PRIOR AUTHORIZATION FORM



PERFORMR[®] Next Generation Pharmacy Benefits

(form effective 1/9/2023)

Fax to PerformRx[™] at **1-888-981-5202**, or to speak to a representative call **1-866-610-2774**.

New request Renewal request # of pages: Name of office contact: Contacts phone number: LTC facility-contact/phone: LTC facility-contact/phone: Patient name: Varient Job # DOB: Street address: Apt. #: City/state/zip: Prescriber name:	PRIOR AUTHORIZATION REQUES	T INFORMATION									
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Ves – List medications tried: No – provide explanation:	 <u>All diagnoses:</u> Is Cosentyx being prescribed by a <u>All diagnoses:</u> Check all that apply to the patien screened for hepatitis B (anti-HBs, HBsAg, and screened for hepatitis B (anti-HBs, HBsAg, and <u>All diagnoses:</u> Does the patient have a history or condition? Check all that apply. Avsola Enbrel Humira Inflixima <u>All diagnoses:</u> Is the patient currently (in the later <u>screatic arthritis:</u> Does at least one of the follo axial disease, dactylitis, and/or enthesitis has tried and failed methotrexate or other DM concomitant active inflammatory bowel disease 	or in consultation with an appropri it. d anti-HBc) □ screened for tube f trial and failure, contraindication, b Vial (authorized generic for Remi ast 90 days) receiving therapy w wing apply to the patient? IARD for at least 8 weeks; list med ise	ate special erculosis , or intolera icade) ith Cosent	list? Yes - List : ance to the preferra Orencia Ote: tyx? Yes N	specialty ed Cytokina zla □ Sii lo	e and CAM antagonists ap nponi pen/syringe □ Ta	proved or medically accepted for their				
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 history of therapeutic failure, contraindication or intolerance to (check all that apply): 4-week trial of topical steroids or 8-week trial of other topical therapy; list medications tried or explain contraindication:	 <u>All diagnoses:</u> Is Cosentyx being prescribed by a <u>All diagnoses:</u> Check all that apply to the patien screened for hepatitis B (anti-HBs, HBsAg, and screened for hepatitis B (anti-HBs, HBsAg, and <u>a All diagnoses:</u> Does the patient have a history of condition? Check all that apply. Avsola Enbrel Humira Inflixima <u>All diagnoses:</u> Is the patient currently (in the latent diagnoses: Is the patient currently (in the latent diagnoses: Is the patient currently (in the latent disease, dactylitis, and/or enthesitis has tried and failed methotrexate or other DM concomitant active inflammatory bowel diseas is severe disease concomitant moderate-transmitter of the analysis of the axial spondylitis or other axial spondylitis or	or in consultation with an appropri- it. d anti-HBc)	ate special erculosis , or intolera icade) ith Cosent lications tri	list? Yes - List : ance to the preferre Orencia Ote: tyx? Yes N ied or explain cont	specialty ed Cytoking zla 🗆 Sin lo raindication	e and CAM antagonists ap nponi pen/syringe	proved or medically accepted for their Itz Xeljanz tablet				
3-month trial of conventional systemic therapy; list medications tried or explain contraindication:	 All diagnoses: Is Cosentyx being prescribed by a All diagnoses: Check all that apply to the patien screened for hepatitis B (anti-HBs, HBsAg, and screened for hepatitis B (anti-HBs, HBsAg, and anti-HBs, HBsAg, and All diagnoses: Is the patient currently (in the last symbol surface area (BSA) is affer anti-HBs, HBsAg, and HBSA, HSA, HBSA, HSA, HSA, HSA, HSA, HSA, HSA, HSA, H	or in consultation with an appropri- t. d anti-HBc)	ate special erculosis , or intolera icade) ith Cosent lications tri a history of a re involve	list? Yes - List s ance to the preferre Orencia Ote: tyx? Yes N ied or explain contr f trial and failure of ed (such as face, p	specialty ed Cytoking zla	e and CAM antagonists ap mponi pen/syringe	proved or medically accepted for their Itz Xeljanz tablet				
 therapeutic failure, contraindication or intolerance to a three-month trial of a conventional non-biologic DMARD; list medications tried or explain contraindication: systemic JIA with active systemic features one or more risk factors for disease severity involvement of high-risk joints (e.g. cervical spine, hip, wrist) high disease activity at high risk of disabling joint damage 	 All diagnoses: Is Cosentyx being prescribed by a All diagnoses: Check all that apply to the patien screened for hepatitis B (anti-HBs, HBsAg, and screened for hepatitis B (anti-HBs, HBsAg, and and the screened for hepatitis B (anti-HBs, HBsAg, and and the screened for hepatitis B (anti-HBs, HBsAg, and and the screened for hepatitis B (anti-HBs, HBsAg, and and the screened for hepatitis B (anti-HBs, HBsAg, and and the screened for hepatitis B (anti-HBs, HBsAg, and and the screened for hepatitis B (anti-HBs, HBsAg, and and the screened screened screened screened by the screened screene screened screene	or in consultation with an appropri it. d anti-HBc)	ate special erculosis , or intolera icade) ith Cosent lications tri- a history of are involve ing mcopolv):	list? Yes - List : ance to the preferre Orencia Ote: tyx? Yes N ied or explain cont f trial and failure of ed (such as face, p oderate to severe r	specialty ed Cytoking zla Si lo raindication i a 2-week alms, sole nail disease	e and CAM antagonists ap mponi pen/syringe	proved or medically accepted for their Itz				
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🗆 at high risk of disabling joint damage	 All diagnoses: Is Cosentyx being prescribed by a All diagnoses: Check all that apply to the patien screened for hepatitis B (anti-HBs, HBsAg, and screened for hepatitis B (anti-HBs, HBsAg, and a screened screened screened by the screened scr	or in consultation with an appropri- t. d anti-HBc)	ate special erculosis , or intolera icade) ith Cosent lications tri a history of a rare involve ing mco pply): edications : ain contrain	list? Yes - List : ance to the preferre orencia Ote: tyx? Yes N ied or explain cont f trial and failure of ed (such as face, p oderate to severe r tried or explain con indication:	specialty ed Cytoking zla	e and CAM antagonists ap nponi pen/syringe	proved or medically accepted for their Itz Xeljanz tablet ent with 2 different oral NSAIDs? explanation:				
	 All diagnoses: Is Cosentyx being prescribed by a All diagnoses: Check all that apply to the patien screened for hepatitis B (anti-HBs, HBsAg, and) All diagnoses: Does the patient have a history of condition? Check all that apply. Avsola Enbrel Humira Inflixima All diagnoses: Is the patient currently (in the lat apply in the lat apply. Avsola All diagnoses: Is the patient currently (in the lat apply. Avsola All diagnoses: Is the patient currently (in the lat apply in the later and failed methotrexate or other DM concomitant active inflammatory bowel disea severe disease concomitant moderate-trees is severe disease concomitant moderate-trees. Chronic psoriasis: Check all that apply to the particular disability or impairment of physica is significant disability or impairment of physica is significant disability or impairment of physica is systemic trail of conventional systemic the phototherapy Juvenile idiopathic arthritis (JIA): Check all that therapeutic failure, contraindication or intoleration or intoleration or more risk factors for disease severity involvement of high-risk joints (e.g. cervical severit) 	or in consultation with an appropri- t. d anti-HBc)	ate special erculosis , or intolera icade) ith Cosent lications tri a history of a rare involve ing mco pply): edications : ain contrain	list? Yes - List : ance to the preferre orencia Ote: tyx? Yes N ied or explain cont f trial and failure of ed (such as face, p oderate to severe r tried or explain con indication:	specialty ed Cytoking zla	e and CAM antagonists ap nponi pen/syringe	proved or medically accepted for their Itz Xeljanz tablet ent with 2 different oral NSAIDs? explanation:				

RENEWAL REQUESTS						
1. Since starting Cosentyx, did the patient experience improvement in disease activity and/or level of functioning? 🗆 Yes 🛛 No Submit doc	cumentation of clinical response.					
 2. Is Cosentyx being prescribed by or in consultation with an appropriate specialist? □ Yes - List specialty:	□ No					
PLEASE FAX COMPLETED FORM WITH REQUIRED CLINICAL DOCUMENTATION						
Prescriber signature:	Date:					

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