



## Immunomodulators Temporary PA Request Form

### ANKYLOSING SPONDYLITIS

(Enbrel, Humira, Cosentyx, Avsola, Inflectra, Cimzia, Simponi, Simponi Aria, Remicade, Renflexis, and Taltz)

#### Beneficiary Information

1. Beneficiary Last Name: \_\_\_\_\_ 2. First Name: \_\_\_\_\_  
3. Beneficiary ID #: \_\_\_\_\_ 4. Beneficiary Date of Birth: \_\_\_\_\_ 5. Beneficiary Gender: \_\_\_\_\_

#### Prescriber Information

6. Prescribing Provider NPI#: \_\_\_\_\_  
7. Requester Contact Information - Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

#### Drug Information

8. Med requested: \_\_\_\_\_ 9a. Strength \_\_\_\_\_ 9b. Quantity per 30 days \_\_\_\_\_ 9c. Length of therapy \_\_\_\_\_

10. Does the beneficiary have a diagnosis of Ankylosing Spondylitis? YES \_\_\_\_\_ NO \_\_\_\_\_

11. Is the beneficiary on any other injectable immunomodulator? YES \_\_\_\_\_ NO \_\_\_\_\_

12. Has the beneficiary been screened for latent tuberculosis infection? YES \_\_\_\_\_ NO \_\_\_\_\_

13. Has the beneficiary been tested with Hep B SAG and CoreAb? YES \_\_\_\_\_ NO \_\_\_\_\_  
Date of lab and result \_\_\_\_\_

14. Has the beneficiary experienced inadequate symptom relief from treatment with at least 2 NSAIDs?  
YES \_\_\_\_\_ NO \_\_\_\_\_ List NSAIDS used \_\_\_\_\_

15. Is the beneficiary unable to use NSAIDs? YES \_\_\_\_\_ NO \_\_\_\_\_ Explain \_\_\_\_\_

16. Does the beneficiary have clinical evidence of severe or rapidly progressing disease? YES \_\_\_\_\_ NO \_\_\_\_\_  
Explain \_\_\_\_\_

17. If requesting a non-preferred, list preferred tried or reason beneficiary cannot use **one** preferred.  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

#### **(Prescriber Signature Mandatory)**

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Fax this form to: (833) 404-2393

Pharmacy PA Call Center: (833) 585-4309

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