



Cytokine and CAM Antagonists: Janus Associated Kinase (JAK) Inhibitors – Washington Prior Authorization Request Form

Please complete this **entire** form and fax it to: **866-940-7328**. If you have questions, please call **800-310-6826**.
This form may contain multiple pages. Please complete all pages to avoid a delay in our decision.
Allow at least 24 hours for review.

Date of request:	Reference #:	MAS:	
Patient	Date of birth	ProviderOne ID	
Pharmacy name	Pharmacy NPI	Telephone number	Fax number
Prescriber	Prescriber NPI	Telephone number	Fax number
Medication and strength		Directions for use	Qty/Days supply

1. Is this request for a continuation of therapy? Yes No

2. Is this prescribed by, or in consultation with, any of the following? Check all that apply:
 Allergist Dermatologist Gastroenterologist
 Immunologist Rheumatologist Other. Specify: _____

3. Will the requested medication be used in combination with another Cytokine and CAM medication?
 Yes No

4. If request is non-preferred, has patient had treatment with preferred Cytokine and CAM medications on the Apple Health Preferred Drug List (AHPDL) that was ineffective, contraindicated or not tolerated?
 Yes. List each medication and duration of trial:

Medication Name: _____	Duration: _____
Medication Name: _____	Duration: _____
Medication Name: _____	Duration: _____
Medication Name: _____	Duration: _____
Medication Name: _____	Duration: _____

No. Explain why a preferred product(s) have not been tried: _____

5. What is patient current weight: _____ kg Date taken: _____

6. Indicate patient's diagnosis and answer the associated questions as indicated:

- Alopecia areata (questions 7 - 10)
- Ankylosing Spondylitis (questions 11 - 15)
- Atopic dermatitis (questions 16 - 19)
- Chronic hand eczema (questions 44 - 48)
- Crohn's Disease (questions 20 - 22)
- Non-radiographic axial spondyloarthritis (questions 11 - 15)
- Plaque Psoriasis (questions 23 - 27)
- Polyarticular Juvenile Idiopathic Arthritis (questions 28 - 29)
- Psoriatic Arthritis (PsA) (questions 30 - 33)

- Rheumatoid Arthritis (questions 34 -36)
- Ulcerative Colitis (questions 37 – 39)
- Vitiligo (questions 40-43)

For diagnosis of Alopecia areata:

7. Is patient's current episode of alopecia areata lasting more than 6 months? Yes No
8. Has patient had $\geq 50\%$ of the scalp hair loss (Severity of Alopecia Tool [SALT] score $>50\%$)? Yes No
9. Does patient have a history of failure, contraindication, or intolerance to any of the following? Check all that apply:
- High-potency topical corticosteroids [minimum trial of 6 weeks]
 - Intralesional corticosteroids [minimum trial of 6 weeks]
 - Systemic therapy (i.e., oral corticosteroids, methotrexate, cyclosporine) [minimum trial of 6 weeks].
10. **For continuation of therapy:** Has documentation been submitted demonstrating a positive clinical response (i.e. improvement in SALT score)? Yes No

For diagnosis of Ankylosing Spondylitis or Non-radiographic axial spondyloarthritis:

11. Does patient have high disease activity as indicated by one of the following?
- Bath Ankylosing Disease Activity Index (BASDAI) score of at least 4
 - Ankylosing Spondylitis Disease Activity Score (ASDAS) score of at least 2.1
12. Has patient had treatment with at least two different NSAIDs that has been ineffective, contraindicated or not tolerated [minimum trial of four weeks]? Yes No
13. Has patient's disease manifested as one of the following?
- Axial disease
 - Peripheral arthritis
14. Has patient had treatment with at least one non-Cytokine and CAM disease-modifying antirheumatic drug (DMARD) that has been ineffective, contraindicated or not tolerated [minimum trial of 3 months]? Yes No
15. **For continuation of therapy:** Has documentation been submitted demonstrating disease stability or a positive clinical response (e.g., decrease in BASDAI or ASDAS score)? Yes No

For diagnosis of Atopic dermatitis:

16. Indicate disease severity for patient. Check all that apply:
- Body surface area (BSA) involvement of at least 10%
 - Body surface area (BSA) involvement does not exceed 20%
 - Involvement of sensitive skin areas such as hands, feet, face, neck, genitalia, or intertriginous areas

Baseline disease severity scale scoring supporting diagnosis of moderate to severe chronic atopic dermatitis (e.g., Investigator's Global Assessment (IGA) score of 3 or greater; Eczema Area and Severity Index (EASI), Patient Oriented Eczema Measure (POEM), etc.)

Other. Explain:

17. Indicate if patient is experiencing functional impairment, due to atopic dermatitis, of any of the following. Check all that apply:

Activities of daily living (ADLs)

Skin infections

Sleep disturbances

Other. Specify:

18. Has patient had a history of failure, defined as the inability to achieve or maintain remission, to any of the following, unless all are contraindicated or clinically inappropriate [minimum trial of 28-days each]? Check all that apply:

Topical corticosteroids of at least medium/moderate potency (e.g. clobetasol, betamethasone, halobetasol)

Topical calcineurin inhibitors (e.g. pimecrolimus cream, tacrolimus ointment)

Topical PDE-4 inhibitors (e.g. crisaborole)

All are contraindicated or clinically inappropriate. Explain:

19. **For continuation of therapy:** Has documentation been submitted demonstrating disease stability or a positive clinical response as defined by any of the following? Check all that apply:

Reduction in body surface area involvement of at least 20% from baseline

Achieved or maintained clear or minimal disease from baseline (equivalent to IGA score of 0 or 1)

Experienced or maintained a decrease in EASI score of at least 50% from baseline

Improvement in functional impairment (e.g., improvement in ADLs, skin infections, or sleep disturbance)

For diagnosis of Crohn's Disease (CD):

20. Has treatment with any of the following conventional therapies that have been ineffective, contraindicated, or not tolerated? Check all that apply:

Oral corticosteroids (e.g., prednisone, methylprednisolone) used short-term to induce remission or alleviate signs/symptoms of disease flare

Immunomodulatory agent (e.g., methotrexate, azathioprine, 6-mercaptopurine) [minimum trial of 12 weeks]

21. Does patient have documentation of high-risk disease (e.g., symptoms despite conventional therapy, obstruction, abscess, stricture, phlegmon, fistulas, resection, extensive bowel involvement, early age of onset, growth retardation, Crohn's Disease Activity Index (CDAI) > 450, Harvey-Bradshaw index > 7)? Yes No

22. **For continuation of therapy:** Has documentation been submitted demonstrating disease stability or a positive clinical response (e.g., improvement in endoscopic activity, taper or discontinuation of corticosteroids, reduction in number of liquid stools, decrease in presence and severity of abdominal pain, decrease in CDAI, decrease in Harvey-Bradshaw index)? Yes No

For diagnosis of Plaque Psoriasis:

23. Does patient have presence of ongoing disease for greater than 6 months? Yes No
24. Please indicate the following for patient:
 Disease affects at least 10% body surface area Disease affects the face, ears, hands, feet, or genitalia
25. Have baseline assessments been submitted (e.g., body surface area (BSA), Psoriasis Area and Severity Index (PASI), Psoriasis Physician's Global Assessment (PGA), itch numeric rating scale, etc.)? Yes No
26. Has patient had a history of failure, contraindication, or intolerance to the following? Check all that apply:
 Phototherapy (UVB or PUVA) [minimum trial of 12 weeks]
 Treatment with at least one non-Cytokine and CAM disease-modifying antirheumatic drug (DMARD) [minimum trial of 12 weeks]
27. **For continuation of therapy:** Has documentation been submitted demonstrating disease stability or a positive clinical response (e.g., improvement in BSA, PSAI, Psoriasis PGA, itch numeric rating scale)? Yes No

For diagnosis of Polyarticular Juvenile Idiopathic Arthritis:

28. Has patient had treatment with at least one non-Cytokine and CAM disease-modifying antirheumatic drug (DMARD) that has been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 3 months]?
 Yes No
29. **For continuation of therapy:** Has documentation been submitted demonstrating disease stability or a positive clinical response (e.g., improvement in joint pain, swelling, activities of daily living, reduction in diseases flares, etc.)? Yes No

For diagnosis of Psoriatic Arthritis:

30. Has patient had treatment with at least one non-Cytokine and CAM disease-modifying antirheumatic drug (DMARD) that has been ineffective, contraindicated or not tolerated [minimum trial of 3 months]?
 Yes No
31. Does patient have presence of active, severe disease indicated by provider assessment?
 Yes No
32. Does patient have presence of any of the following? Check all that apply:
 Erosive disease
 Elevated C-reactive protein (CRP) or erythrocyte sedimentation rate (ESR)
 Long-term damage interfering with function (e.g., joint deformities, vision loss)
 Major impairment of quality of life due to high disease activity at many sites (including dactylitis, enthesitis) or functionally limiting arthritis at a few sites.
33. **For continuation of therapy:** Has documentation been submitted demonstrating disease stability or a positive clinical response (e.g., improvement in joint pain, swelling, activities of daily living, reduction in diseases flares, etc.)? Yes No

For diagnosis of Rheumatoid Arthritis (RA):

34. Have baseline assessments been submitted (e.g., Disease Activity Score for 28 joints (DAS28) with the CRP, DAS28 with ESR, Simplified Disease Activity Index (SDAI), Clinical Disease Activity Index (CDAI), Routine Assessment of Patient Index Data 3 (RAPID3), Patient Activity Scale (PAS) II)? Yes No
35. Has patient had treatment with at least one non-Cytokine and CAM disease-modifying antirheumatic drug (DMARD) that has been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 3 months]? Yes No
36. **For continuation of therapy:** Has documentation been submitted demonstrating disease stability or a positive clinical response (e.g. improvement in DAS28 with CRP/ESR, SDAI, CDAI, RAPID3, PAS II scores)? Yes No

For diagnosis of Ulcerative Colitis:

37. Have baseline assessments been submitted (e.g., stool frequency, endoscopy results, presence of rectal bleeding, disease activity scoring tool)? Yes No
38. Has treatment with conventional therapy (e.g., systemic corticosteroids, azathioprine, mesalamine, sulfasalazine) been ineffective, unless all are contraindicated, or not tolerated [minimum trial of 12 weeks]? Yes No
39. **For continuation of therapy:** Has documentation been submitted demonstrating disease stability or a positive clinical response (e.g., decreased stool frequency, decreased rectal bleeding, improvement in endoscopic activity, tapering or discontinuation of corticosteroid therapy, or improvement on a disease activity scoring tool)? Yes No

For diagnosis of Vitiligo:

40. Has patient had chronic vitiligo for more than 3 months? Yes No
41. Is patient's total body surface area (BSA) involvement 10% or less? Yes No
42. Has patient had treatment from any of the following categories that has been ineffective or not tolerated for a minimum trial of 2 months? Check all that apply:
- Phototherapy
 - Topical calcineurin inhibitors (tacrolimus)
 - Medium to high potency topical corticosteroids (betamethasone, mometasone, clobetasol, fluocinonide)
43. **For continuation of therapy:** Has documentation been submitted demonstrating a positive clinical response? (e.g. improvement in F-VASI and/or T-VASI score from baseline, or reduction in total BSA involvement) Yes No

For diagnosis of chronic hand eczema:

44. Has documentation been provided demonstrating body surface area (BSA) involvement does not exceed 20%?

Yes No

45. Indicate if patient is experiencing functional impairment, due to chronic hand eczema, of any of the following.

Check all that apply:

- Activities of daily living (ADLs)
- Skin infections
- Sleep disturbances
- Other. Specify:

46. Has patient had a history of failure, defined as the inability to achieve or maintain remission, to any of the following, unless all are contraindicated or clinically inappropriate [minimum trial of 28-days each]? Check all that apply:

- Topical corticosteroids of at least medium/moderate potency (e.g. clobetasol, betamethasone, halobetasol)
- Topical calcineurin inhibitors (e.g. pimecrolimus cream, tacrolimus ointment)
- Topical PDE-4 inhibitors (e.g. crisaborole)
- All are contraindicated or clinically inappropriate. Explain:

47. Has treatment with dupilumab (Dupixent) has been ineffective, contraindicated, or not tolerated [minimum trial of 16 weeks]? Yes No

48. **For continuation of therapy:** Has documentation been submitted demonstrating disease stability or a positive clinical response as defined by any of the following? Check all that apply:

- Reduction in body surface area involvement of at least 20% from baseline
- Achieved or maintained clear or minimal disease from baseline (equivalent to IGA score of 0 or 1)
- Experienced or maintained a decrease in EASI score of at least 50% from baseline
- Improvement in functional impairment (e.g., improvement in ADLs, skin infections, or sleep disturbance)

CHART NOTES ARE REQUIRED WITH THIS REQUEST

Prescriber signature

Prescriber specialty

Date