

SENTARA COMMUNITY PLAN (MEDICAID)

PHARMACY PRIOR AUTHORIZATION/STEP-EDIT REQUEST*

Directions: The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff; **fax to 1-800-750-9692.** No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct. **If the information provided is not complete, correct, or legible, the authorization process can be delayed.**

Drug Requested: Bimzelx® (bimekizumab) Injection (**Non-Preferred**)

MEMBER & PRESCRIBER INFORMATION: Authorization may be delayed if incomplete.

Member Name: _____

Member Sentara #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

NPI #: _____

DRUG INFORMATION: Authorization may be delayed if incomplete.

Drug Name/Form/Strength: _____

Dosing Schedule: _____ Length of Therapy: _____

Diagnosis: _____ ICD Code, if applicable: _____

Weight (if applicable): _____ Date weight obtained: _____

CLINICAL CRITERIA: Check below all that apply. All criteria must be met for approval. To support each line checked, all documentation, including lab results, diagnostics, and/or chart notes, must be provided or request may be denied.

Diagnosis: Plaque Psoriasis

Dosing SubQ: 320 mg (two 160mg injections) subcutaneous at Weeks 0,4,8,12 and 16, then every 8 weeks thereafter. For patients weighing > 120kg, consider a dose of 320mg every 4 weeks after Week 16

Initial Authorization: 12 months

- Member is 18 years of age and older and has a diagnosis of moderate to severe plaque psoriasis
- Member has a previous failure on a topical psoriasis agent and be a candidate for phototherapy or systemic therapy

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- Member has tried and failed **TWO (2)** of the **PREFERRED** therapies below:

<input type="checkbox"/> adalimumab-adbm (Boehringer Ingelheim) OR Hadlima [®] (adalimumab-bwwd)	<input type="checkbox"/> Enbrel [®]	<input type="checkbox"/> Pyzchiva [®] syringe/vial OR Starjemza [™] (Requires trial and failure of a preferred TNF-alpha inhibitor)
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<input type="checkbox"/> Diagnosis: Psoriatic Arthritis Dosing: SubQ: 160mg every 4 weeks (if coexisting PsA and PSO, use dosage for PSO)
<u>Initial Authorization: 12 months</u>

- Member is 18 years of age and older and has a diagnosis of psoriatic arthritis
 Member has tried and failed **TWO (2)** of the **PREFERRED** therapies below:

<input type="checkbox"/> adalimumab-adbm (Boehringer Ingelheim) OR Hadlima [®] (adalimumab-bwwd)	<input type="checkbox"/> Enbrel [®]	<input type="checkbox"/> Pyzchiva [®] syringe/vial OR Starjemza [™] (Requires trial and failure of a preferred TNF-alpha inhibitor)
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<input type="checkbox"/> Diagnosis: Ankylosing Spondylitis Dosing: SubQ: 160mg every 4 weeks
<u>Initial Authorization: 12 months</u>

- Member is 18 years of age and older and has a diagnosis of ankylosing spondylitis
 Member has tried and failed **TWO (2)** of the **PREFERRED** therapies below:

<input type="checkbox"/> adalimumab-adbm (Boehringer Ingelheim) OR Hadlima [®] (adalimumab-bwwd)	<input type="checkbox"/> Enbrel [®]
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<input type="checkbox"/> Diagnosis: Non-Radiographic Axial Spondyloarthritis Dosing: SubQ: 160mg every 4 weeks
<u>Initial Authorization: 12 months</u>

- Member is 18 years of age and older
 Member has a diagnosis of Non-Radiographic Axial Spondyloarthritis

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Diagnosis: Moderate-to Severe Hidradenitis Suppurativa (HS)

Dosing: SubQ: 320mg every 2 weeks for the first 16 weeks (9 doses), then 320mg every 4 weeks thereafter

Initial Authorization: 12 months

- Member is 18 years of age and older
- Member has a diagnosis of moderate-to-severe hidradenitis suppurativa
- Member has trial and failure of adalimumab-adbm (Boehringer Ingelheim) **OR** Hadlima[®] (adalimumab-bwwd)

Medication being provided by Specialty Pharmacy - PropriumRx

*****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.*****

****Previous therapies will be verified through pharmacy paid claims or submitted chart notes.****