maryland physicians care
Medicaid with a Heart

PRIOR AUTHORIZATION REQUEST

Xeljanz

Patient Information:

Name:	
Member ID:	
Address:	
City, State, Zip:	
Date of Birth:	

Prescriber Information:

Name:	
NPI:	
Phone Number:	
Fax Number	
Address:	
City, State, Zip:	

Requested Medication

Rx Name:	
Rx Strength	
Rx Quantity:	
Rx Frequency:	
Rx Route of Administration:	
Diagnosis and ICD Code:	

Your patient's prescription benefit requires that we review certain requests for coverage with the prescriber. You have prescribed a medication for your patient that requires Prior Authorization before benefit coverage or coverage of additional quantities can be provided. Please complete the following questions then fax this form to the toll-free number listed below. Upon receipt of the completed form, prescription benefit coverage will be determined based on the plan's rules.

SECTION A: Please note that supporting clinical documentation is required for **ALL** PA requests.

1	Will the requested medication be given in combination with a BIOLOGIC or in combination with a targeted synthetic disease-modifying antirheumatic drug (DMARD) or with another potent immunosuppressant (for example, azathioprine, tacrolimus, cyclosporine, mycophenolate mofetil)? [NOTE: Biologic DMARDs include Actemra (V or SC), Kevzara, Cosentyx, Kineret, Orencia (IV or SC), a rituximab product (for example, Rituxan, Truxima), Cimzia, Enbrel, Humira, an infliximab product (for example, Remicade, Inflectra, Renflexis), Simponi (Aria or SC), Ilumya, Siliq, Stelara (IV or SC), or Taltz) and Targeted synthetic DMARDs include: Xeljanz/XR, Olumiant, Rinvoq, or Otezla.] [If yes, no further questions.]	Yes	No

If you have any questions, call: 1-888-258-8250

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2	Is the patient currently receiving the requested medication? [If no, skip to question 13.]	Yes	No
3	Has the patient been receiving medication samples for the requested medication? [If yes, skip to question 13.]	Yes	No
4	Does the patient have a previously approved prior authorization (PA) on file with the current plan? [NOTE: If the patient does NOT have a previously approved PA on file for the requested medication with the current plan, the renewal request will be considered under initial therapy.] [If no, skip to question 17.]	Yes	No

5 What drug is being requested?

[] Xeljanz TABLET (If checked, go to 8)

[] Xeljanz SOLUTION (If checked, go to 6)

[] Xeljanz XR TABLET, EXTENDED RELEASE 24 HR (If checked, go to 7)

6 What is the indication or diagnosis?

[] Juvenile idiopathic arthritis (JIA) (regardless of type of onset) [NOTE: This includes patients with juvenile spondyloarthropathy/active sacroiliac arthritis.] (If checked, go to 52)

[] Coronavirus Disease 2019 (COVID-19) [NOTE: This includes requests for cytokine release syndrome associated with COVID-19.] (If checked, no further questions)

[] Other (If checked, no further questions)

7 What is the indication or diagnosis?

[] Rheumatoid arthritis (If checked, go to 9)

[] Psoriatic arthritis (If checked, go to 30)

[] Ulcerative colitis (If checked, go to 41)

[] Coronavirus Disease 2019 (COVID-19) [NOTE: This includes requests for cytokine release syndrome associated with COVID-19.] (If checked, no further questions)

[] Ankylosing Spondylitis (If checked, go to 63)

[] Other (If checked, no further questions)

8 What is the indication or diagnosis?

[] Rheumatoid arthritis (If checked, go to 9)

[] Psoriatic arthritis (If checked, go to 30)

[] Ulcerative colitis (If checked, go to 41)

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[] Juvenile idiopathic arthritis (JIA) (regardless of type of onset) [NOTE: This includes patients with juvenile spondyloarthropathy/active sacroiliac arthritis.] (If checked, go to 52)

[] Coronavirus Disease 2019 (COVID-19) [NOTE: This includes requests for cytokine release syndrome associated with COVID-19.] (If checked, no further questions)

[] Ankylosing Spondylitis (If checked, go to 63)

[] Other (If checked, no further questions)

9	Has the patient been on established therapy for at least 3 months? [If no, skip to question 23.]	Yes	No
10	Will the requested medication be used in combination with methotrexate or another conventional synthetic disease- modifying antirheumatic drug (DMARD), unless contraindicated? [NOTE: Examples of other conventional synthetic DMARDs include leflunomide and sulfasalazine.] [If no, no further questions.]	Yes	No
11	Has the patient experienced a beneficial clinical response when assessed by at least one objective measure? [NOTE: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28 using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).] [If yes, no further questions.]	Yes	No
12	Has the patient had an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths? [No further questions.]	Yes	No

13 What drug is being requested?

[] Xeljanz TABLET (If checked, go to 16)

[] Xeljanz SOLUTION (If checked, go to 14)

[] Xeljanz XR TABLET, EXTENDED RELEASE 24 HR (If checked, go to 15)

14 What is the indication or diagnosis?

[] Juvenile idiopathic arthritis (JIA) (regardless of type of onset) [NOTE: This includes patients with juvenile spondyloarthropathy/active sacroiliac arthritis.] (If checked, go to 57)

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[] Coronavirus Disease 2019 (COVID-19) [NOTE: This includes requests for cytokine release syndrome associated with COVID-19.] (If checked, no further questions)

[] Other (If checked, no further questions)

15 What is the indication or diagnosis?
[] Rheumatoid arthritis (If checked, go to 23)

[] Psoriatic arthritis (If checked, go to 35)

[] Ulcerative colitis (If checked, go to 46)

[] Coronavirus Disease 2019 (COVID-19) [NOTE: This includes requests for cytokine release syndrome associated with COVID-19.] (If checked, no further questions)

[] Ankylosing Spondylitis (If checked, go to 68)

[] Other (If checked, no further questions)

16 What is the indication or diagnosis?
[] Rheumatoid arthritis (If checked, go to 23)

[] Psoriatic arthritis (If checked, go to 35)

[] Ulcerative colitis (If checked, go to 46)

[] Juvenile idiopathic arthritis (JIA) (regardless of type of onset) [NOTE: This includes patients with juvenile spondyloarthropathy/active sacroiliac arthritis.] (If checked, go to 57)

[] Coronavirus Disease 2019 (COVID-19) [NOTE: This includes requests for cytokine release syndrome associated with COVID-19.] (If checked, no further questions)

[] Ankylosing Spondylitis (If checked, go to 68)

[] Other (If checked, no further questions)

17 What drug is being requested?
[] Xeljanz TABLET (If checked, go to 20)

[] Xeljanz SOLUTION (If checked, go to 18)

[] Xeljanz XR TABLET, EXTENDED RELEASE 24 HR (If checked, go to 19)

18 What is the indication or diagnosis?

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[] Juvenile idiopathic arthritis (JIA) (regardless of type of onset) [NOTE: This includes patients with juvenile spondyloarthropathy/active sacroiliac arthritis.] (If checked, go to 55)

[] Coronavirus Disease 2019 (COVID-19) [NOTE: This includes requests for cytokine release syndrome associated with COVID-19.] (If checked, no further questions)

[] Other (If checked, no further questions)

19 What is the indication or diagnosis?
[] Rheumatoid arthritis (If checked, go to 21)

[] Psoriatic arthritis (If checked, go to 33)

[] Ulcerative colitis (If checked, go to 44)

[] Coronavirus Disease 2019 (COVID-19) [NOTE: This includes requests for cytokine release syndrome associated with COVID-19.] (If checked, no further questions)

[] Ankylosing Spondylitis (If checked, go to 66)

[] Other (If checked, no further questions)

20 What is the indication or diagnosis?
[] Rheumatoid arthritis (If checked, go to 21)

[] Psoriatic arthritis (If checked, go to 33)

[] Ulcerative colitis (If checked, go to 44)

[] Juvenile idiopathic arthritis (JIA) (regardless of type of onset) [NOTE: This includes patients with juvenile spondyloarthropathy/active sacroiliac arthritis.] (If checked, go to 55)

[] Coronavirus Disease 2019 (COVID-19) [NOTE: This includes requests for cytokine release syndrome associated with COVID-19.] (If checked, no further questions)

[] Ankylosing Spondylitis (If checked, go to 66)

[] Other (If checked, no further questions)

21 Has the patient experienced a beneficial clinical response when assessed by at least one objective measure? Yes No
[NOTE: Examples of standardized and validated measures of disease activity include Clinical Disease Activity Index (CDAI), Disease Activity Score (DAS) 28

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	using erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP), Patient Activity Scale (PAS)-II, Rapid Assessment of Patient Index Data 3 (RAPID-3), and/or Simplified Disease Activity Index (SDAI).] [If yes, skip to question 23.]		
22	Has the patient had an improvement in at least one symptom, such as decreased joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths? [If no, no further questions.]	Yes	No
23	Is the patient greater than or equal to 18 years of age? [If no, no further questions.]	Yes	No
24	Has the patient tried at least TWO traditional systemic agents for at least 3 months? [If yes, skip to question 26.]	Yes	No
25	Has documentation been submitted to confirm that the patient has a documented intolerance to at least TWO traditional systemic agents? ACTION REQUIRED: Submit supporting documentation. [If no, no further questions.]	Yes	No
26	Will the requested medication be used in combination with methotrexate or another conventional synthetic disease-modifying antirheumatic drug (DMARD), unless contraindicated? [NOTE: Examples of other conventional synthetic DMARDs include leflunomide and sulfasalazine.] [If yes, no further questions.]	Yes	No
27	Has documentation been submitted to confirm that the patient has had a treatment failure with one of the preferred TNF inhibitors, Enbrel (etanercept) and an adalimumab product (Hadlima, Yusimry, or adalimumab-adbm) for at least 3 months unless intolerant or contraindicated? ACTION REQUIRED: Submit supporting documentation. [If no, no further questions.]	Yes	No
28	Does the requested dose exceed the Food and Drug Administration (FDA) approved label dosing for the indication? [If yes, no further questions.]	Yes	No
29	Is the requested medication being prescribed by or in consultation with a rheumatologist? [No further questions.]	Yes	No
30	Has the patient been on established therapy for at least 3 months? [If no, skip to question 35.]	Yes	No
31	Has the patient experienced a beneficial clinical response from baseline (prior to	Yes	No

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	initiating Xeljanz/XR), when assessed by at least one objective measure? [NOTE: Examples of standardized measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (such as, C-reactive protein, erythrocyte sedimentation rate).] [If yes, no further questions.]		
32	Has the patient experienced an improvement in at least one symptom from baseline (prior to initiating the requested medication)? [NOTE: Examples of improvements include less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.] [No further questions.]	Yes	No
33	Has the patient experienced a beneficial clinical response when assessed by at least one objective measure (prior to initiating Xeljanz/XR)? [NOTE: Examples of standardized measures of disease activity include Disease Activity Index for Psoriatic Arthritis (DAPSA), Composite Psoriatic Disease Activity Index (CPDAI), Psoriatic Arthritis Disease Activity Score (PsA DAS), Grace Index, Leeds Enthesitis Score (LEI), Spondyloarthritis Consortium of Canada (SPARCC) enthesitis score, Leeds Dactylitis Instrument Score, Minimal Disease Activity (MDA), Psoriatic Arthritis Impact of Disease (PsAID-12), and/or serum markers (for example, C-reactive protein, erythrocyte sedimentation rate).] [If yes, skip to question 35.]	Yes	No
34	Has the patient experienced an improvement in at least one symptom from baseline (prior to initiating the requested medication)? [NOTE: Examples of improvements include less joint pain, morning stiffness, or fatigue; improved function or activities of daily living; decreased soft tissue swelling in joints or tendon sheaths.] [If no, no further questions.]	Yes	No
35	Is the patient greater than or equal to 18 years of age? [If no, no further questions.]	Yes	No
36	Is the requested medication being prescribed by or in consultation with a rheumatologist? [If no, no further questions.]	Yes	No
37	Has the patient tried TWO conventional synthetic disease-modifying antirheumatic drug (DMARD) for at least 3 months? [NOTE: Examples of conventional synthetic DMARDs include leflunomide and sulfasalazine.] [If yes, skip to question 39.]	Yes	No

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38	Has documentation been submitted to confirm that the patient has a documented intolerance to at least TWO conventional synthetic disease-modifying antirheumatic drugs (DMARDs)? ACTION REQUIRED: Submit supporting documentation. [NOTE: Examples of conventional synthetic DMARDs include leflunomide and sulfasalazine.] [If no, no further questions.]	Yes	No
39	Has documentation been submitted to confirm that the patient has had a treatment failure with one of the preferred TNF inhibitors, Enbrel (etanercept) and an adalimumab product (Hadlima, Yusimry, or adalimumab-adbm) for at least 3 months unless intolerant or contraindicated? ACTION REQUIRED: Submit supporting documentation. [If no, no further questions.]	Yes	No
40	Does the requested dose exceed the Food and Drug Administration (FDA) approved label dosing for the indication? [No further questions.]	Yes	No
41	Has the patient been on established therapy for at least 3 months? [If no, skip to question 46.]	Yes	No
42	Has the patient experienced a beneficial clinical response from baseline (prior to initiating Xeljanz/XR), when assessed by at least one objective measure? [NOTE: Examples of assessment for inflammatory response include fecal markers (such as, fecal calprotectin), serum markers (such as, C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids.] [If yes, no further questions.]	Yes	No
43	Has the patient experienced an improvement in at least one symptom from baseline (prior to initiating the requested medication)? [NOTE: Examples of improvements include, decreased pain, fatigue, stool frequency, and/or decreased rectal bleeding.] [No further questions.]	Yes	No
44	Has the patient experienced a beneficial clinical response when assessed by at least one objective measure? [NOTE: Examples of assessment for inflammatory response include fecal markers (such as, fecal calprotectin), serum markers (such as, C-reactive protein), endoscopic assessment, and/or reduced dose of corticosteroids.] [If yes, skip to question 46.]	Yes	No
45	Has the patient experienced an improvement in at least one symptom from baseline (prior to initiating the requested medication)? [NOTE: Examples of improvements include, decreased pain, fatigue, stool frequency, and/or decreased rectal bleeding.] [If no, no further questions.]	Yes	No

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46	Is the patient greater than or equal to 18 years of age? [If no, no further questions.]	Yes	No
47	Is the requested medication being prescribed by or in consultation with a rheumatologist or a gastroenterologist? [If no, no further questions.]	Yes	No
48	Has the patient tried at least TWO traditional systemic agents for at least 3 months? [If yes, skip to question 50.]	Yes	No
49	Has documentation been submitted to confirm that the patient has a documented intolerance to at least TWO traditional systemic agents? ACTION REQUIRED: Submit supporting documentation. [If no, no further questions.]	Yes	No
50	Has documentation been submitted to confirm that the patient has had a treatment failure with preferred TNF inhibitor, an adalimumab product (Hadlima, Yusimry, or adalimumab-adbm) for at least 3 months unless intolerant or contraindicated? ACTION REQUIRED: Submit supporting documentation. [If no, no further questions.]	Yes	No
51	Does the requested dose exceed the Food and Drug Administration (FDA) approved label dosing for the indication? [No further questions.]	Yes	No
52	Has the patient been on established therapy for at least 3 months? [If no, skip to question 57.]	Yes	No
53	Has the patient experienced a beneficial clinical response from baseline (prior to initiating Xeljanz/XR), when assessed by at least one objective measure? [NOTE: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease Activity Index (JSpADA), serum markers (such as, C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.] [If yes, no further questions.]	Yes	No
54	Has the patient experienced an improvement in at least one symptom from baseline (prior to initiating the requested medication)? [NOTE: Examples of improvements include improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, improved function or activities of daily living.] [No further questions.]	Yes	No
55	Has the patient experienced a beneficial clinical response from baseline (prior to	Yes	No

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	initiating Xeljanz/XR), when assessed by at least one objective measure? [NOTE: Examples of objective measures include Physician Global Assessment (MD global), Parent/Patient Global Assessment of Overall Well-Being (PGA), Parent/Patient Global Assessment of Disease Activity (PDA), Juvenile Arthritis Disease Activity Score (JDAS), Clinical Juvenile Arthritis Disease Activity Score (cJDAS), Juvenile Spondyloarthritis Disease Activity Index (JSpADA), serum markers (such as, C-reactive protein, erythrocyte sedimentation rate), and/or reduced dosage of corticosteroids.] [If yes, skip to question 57.]		
56	Has the patient experienced an improvement in at least one symptom from baseline (prior to initiating the requested medication)? [NOTE: Examples of improvements include improvement in limitation of motion, less joint pain or tenderness, decreased duration of morning stiffness or fatigue, improved function or activities of daily living.] [If no, no further questions.]	Yes	No
57	Is the requested medication being prescribed by, or in consultation with, a rheumatologist? [If no, no further questions.]	Yes	No
58	Has the patient tried at least TWO systemic agents for this condition for at least 3 months? [If yes, skip to question 60.]	Yes	No
59	Has documentation been submitted to confirm that the patient has an intolerance to at least two systemic agents for this condition? ACTION REQUIRED: Submit supporting documentation. [If no, no further questions.]	Yes	No
60	Does the patient have aggressive disease, as determined by the prescriber? [If no, no further questions.]	Yes	No
61	Does the requested dose exceed the Food and Drug Administration (FDA) approved label dosing for the indication? [If yes, no further questions.]	Yes	No
62	Has documentation been submitted to confirm that the patient has had a treatment failure with one of the preferred TNF inhibitors, Enbrel (etanercept) and an adalimumab product (Hadlima, Yusimry, or adalimumab-adbm) for at least 3 months unless intolerant or contraindicated? ACTION REQUIRED: Submit supporting documentation. [No further questions.]	Yes	No
63	Has the patient been on established therapy for at least 3 months? [If no, skip to question 68.]	Yes	No
64	Has the patient experienced a beneficial clinical response from baseline (prior to	Yes	No

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	initiating the requested medication) when assessed by at least one objective measure? [NOTE: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondylarthropathies (HAQ-S), and/or serum markers (such as, C-reactive protein, erythrocyte sedimentation rate).] [If yes, no further questions.]		
65	Has the patient experienced an improvement in at least one symptom from baseline (prior to initiating the requested medication)? [NOTE: Examples of improvements include, decreased pain or stiffness, or improvement in function or activities of daily living.] [No further questions.]	Yes	No
66	Has the patient experienced a beneficial clinical response from baseline (prior to initiating the requested medication) when assessed by at least one objective measure? [NOTE: Examples of objective measures include Ankylosing Spondylitis Disease Activity Score (ASDAS), Ankylosing Spondylitis Quality of Life Scale (ASQoL), Bath Ankylosing Spondylitis Disease Activity Index (BASDAI), Bath Ankylosing Spondylitis Functional Index (BASFI), Bath Ankylosing Spondylitis Global Score (BAS-G), Bath Ankylosing Spondylitis Metrology Index (BASMI), Dougados Functional Index (DFI), Health Assessment Questionnaire for the Spondylarthropathies (HAQ-S), and/or serum markers (such as, C-reactive protein, erythrocyte sedimentation rate).] [If yes, skip to question 68.]	Yes	No
67	Has the patient experienced an improvement in at least one symptom from baseline (prior to initiating the requested medication)? [NOTE: Examples of improvements include, decreased pain or stiffness, or improvement in function or activities of daily living.] [If no, no further questions.]	Yes	No
68	Is the patient greater than or equal to 18 years of age? [If no, no further questions.]	Yes	No
69	Has documentation been submitted to confirm that the patient has had a treatment failure with one of the preferred TNF inhibitors, Enbrel (etanercept) and an adalimumab product (Hadlima, Yusimry, or adalimumab-adbm) for at least 3 months unless intolerant or contraindicated? ACTION REQUIRED: Submit supporting documentation. [If no, no further questions.]	Yes	No
70	Is the requested medication being prescribed by or in consultation with a	Yes	No

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	rheumatologist? [If no, no further questions.]		
71	Does the requested dose exceed the Food and Drug Administration (FDA) approved label dosing for the indication?	Yes	No

Please document the diagnoses, symptoms, and/or any other information important to this review:

SECTION B: Physician Signature

PHYSICIAN SIGNATURE DATE

FAX COMPLETED FORM TO: 1-833-896-0656

Disclaimer: An authorization is not a guarantee of payment. Member must be eligible at the time services are rendered. Services must be a covered Health Plan Benefit and medically necessary with prior authorization as per Plan policy and procedures.

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