





Fax Completed Form To 1.833.404.2392

Prescriber Help Desk 1.833.587.2012

Online

covermymeds.com/main/ prior-authorization-forms/

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BIOLOGICALS FOR INFLAMMATORY BOWEL DISEASE

(PLEASE PRINT – ACCURACY IS IMPORTANT)

IA Medicaid Member ID #	Patient name	DOB						
Patient address								
Provider NPI	Prescriber name	Phone						
Prescriber address Fax								
Pharmacy name	Address	Phone						
Prescriber must complete all information above. It must be legible, correct, and complete or form will be returned.								
Pharmacy NPI	Pharmacy fax	NDC						
drug interactions, and use in specific populations. Payment for non-preferred biologicals for inflammatory bowel disease will be considered only for cases in which there is documentation of a previous trial and therapy failure with a preferred agent. Payment will be considered under the following conditions: 1. Patient has a diagnosis of moderate to severe Crohn's Disease; or 2. Patient has a diagnosis of moderate to severe Clorative Colitis; and 3. Medication will be administered in the patient's home by patient or patient's caregiver. The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated. Preferred Non-Preferred Adalimumab-aacf Simponi Adalimumab-fkjp Skyrizi Auto-Injector Adalimumab-fkgn Skyrizi Cartridge Amjevita 80mg/0.8mL Skyrizi Prefilled Syringe Humira Skyrizi Prefilled Syringe Yusimry Other Humira Biosimilar:								
Strength	Dosage Instructions	Quantity Days Supply						
Diagnosis:								
Moderate to Severe Crohn's Disease								
☐ Moderate to Severe Ulcerative Colitis								
Will medication be administered i	n the patient's home by patient or patien	t's caregiver? 🔲 Yes 🔲 No						
Possible drug interactions/conflicting drug therapies/other medical conditions to consider:								
ttach lab results and other documentation as necessary.								
Prescriber signature (Must match prescriber listed above.) Date of submission								

IMPORTANT NOTE: In evaluating requests for prior authorization the consultant will consider the treatment from the standpoint of medical necessity only. If approval of this request is granted, this does not indicate that the member continues to be eligible for Medicaid. It is the responsibility of the provider who initiates the request for prior authorization to establish by inspection of the member's Medicaid eligibility card and, if necessary by contact with the county Department of Health and Human Services, that the member continues to be eligible for Medicaid.