



**Request for Prior Authorization  
BIOLOGICALS FOR INFLAMMATORY BOWEL  
DISEASE**

(PLEASE PRINT – ACCURACY IS IMPORTANT)

**Does patient have a diagnosis of NYHA class III or IV CHF diagnosis with ejection fraction of 50% or less?**

Yes     No

**Requests for Interleukins:**

**Will medication be given concurrently with live vaccines?**     Yes     No

**Crohn's Disease – Payment will be considered following an inadequate response to two preferred conventional therapies including aminosalicylates (mesalamine, sulfasalazine), azathioprine/6-mercaptopurine, and/or methotrexate.**

Trial Drug Name/Dose: \_\_\_\_\_ Trial dates: \_\_\_\_\_

Reason for failure: \_\_\_\_\_

Trial Drug Name/Dose: \_\_\_\_\_ Trial dates: \_\_\_\_\_

Reason for failure: \_\_\_\_\_

Reason for use of Non-Preferred drug requiring prior approval: \_\_\_\_\_

**Ulcerative colitis (moderate to severe) – Payment will be considered following an inadequate response to two preferred conventional therapies including aminosalicylates and azathioprine/6-mercaptopurine.**

Trial Drug Name/Dose: \_\_\_\_\_ Trial dates: \_\_\_\_\_

Reason for failure: \_\_\_\_\_

Trial Drug Name/Dose: \_\_\_\_\_ Trial dates: \_\_\_\_\_

Reason for failure: \_\_\_\_\_

Reason for use of Non-Preferred drug requiring prior approval: \_\_\_\_\_

Possible drug interactions/conflicting drug therapies/other medical conditions to consider: \_\_\_\_\_

**Attach lab results and other documentation as necessary.**

Prescriber signature (Must match prescriber listed above.)	Date of submission
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**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.