Ilaris Prior Authorization Form

If this is an urgent request, please call UPMC Health Plan Pharmacy Services. Otherwise please return completed form to:

UPMC Health Plan Pharmacy Services
Phone 800-979-UPMC (8762)
Fax 412-454-7722

Please complete all sections of this form AND include details of past relevant medical treatment, which substantiates the need for an exception to using formulary alternatives, i.e. past prescription treatment failures, documented side effects, chart documentation, lab values, etc. Incomplete responses may delay this request.

<table>
<thead>
<tr>
<th>Office Contact:</th>
<th>Provider Specialty:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider First Name:</td>
<td>Provider Last Name:</td>
</tr>
<tr>
<td>Provider Phone:</td>
<td>Provider Fax:</td>
</tr>
<tr>
<td>Provider NPI #:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Patient UPMC Health Plan ID Number:</th>
<th>Patient DOB:</th>
<th>Patient Age:</th>
</tr>
</thead>
</table>

Drug Requested:

- [ ] Brand
- [ ] Generic

<table>
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<tr>
<th>Strength:</th>
<th>Frequency:</th>
<th>Qty Dispensed:</th>
</tr>
</thead>
</table>

Generic equivalent drugs will be substituted for Brand name drugs unless you specifically indicate otherwise.

- [ ] New Medication
- [ ] Ongoing Medication

If Ongoing Provide Date Started: If medication is ongoing, did the member show improvement while on therapy?

- [ ] Yes
- [ ] No

Diagnosis:

Date of diagnosis:

Risk Factors/Medical History:

Does the member have a negative Tuberculin PPD Test?

- [ ] Yes
- [ ] No

If yes, Date of test:

Does the member have evidence of infection?

- [ ] Yes
- [ ] No

Is member currently using another TNF Blocking Agent in combination with Ilaris?

- [ ] Yes
- [ ] No

If yes, which drug?

<table>
<thead>
<tr>
<th>Medication Trial/Previous Therapy</th>
<th>Date of Therapy Start Date</th>
<th>End Date</th>
<th>Strength</th>
<th>Frequency</th>
<th>List Adverse Reactions/Side Effects/Reason For Discontinuing</th>
</tr>
</thead>
</table>

Please provide any additional information which should be considered in the space below:

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UPMC Health Plan

February 2011