PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Crohn's & Ulcerative Colitis (SAA) [NOT Tysabri]

Phone: 800-728-7947 Fax back to: 866-880-4532

The Scott & White Health Plan Pharmacy Department manages the pharmacy drug benefit for your patient. Certain requests for coverage require review with the prescribing physician. Please answer the following questions and fax this form to the number listed above. **Please note any information left blank or illegible may delay the review process.**

Patient Name:	**Prescriber Name:** **Supervising Physician:**	
Member/Subscriber Number:	Fax:	Phone:
Date of Birth:	Office Contact:	
Group Number:	NPI:	State Lic ID:
Address:	Address:	
City, State ZIP:	City, State ZIP:	
Primary Phone:	Specialty/facility name (if applicable):	

Drug Name and Strength:

Directions / SIG:

Please attach any pertinent medical history or information for this patient that may support approval. Please answer the following questions and sign.

Q1. What drug is being requested?

- ☐ Cimzia (certolizumab)
- ☐ Humira (adalimumab)
- ☐ Simponi (golimumab) - SubQ
- ☐ Other

Q2. What diagnosis is this drug being prescribed for (pick one)?

☐ Crohn’s disease ☐ Ulcerative colitis ☐ Other

Q3. Please provide ICD code(s) for diagnosis.

Q4. Please indicate location of administration.

- ☐ Home
- ☐ Long Term Care (LTC) facility
- ☐ Physician office (drug from office stock - buy and bill)
- ☐ Physician office (drug from pharmacy with a prescription)

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Q5. Is the prescriber a Gastroenterologist?

☐ Yes ☐ No

Q6. Has the patient FAILED or does the patient have a CONTRAINDICATION(s) to: an anti-inflammatory drug (e.g. mesalamine, sulfasalazine), corticosteroids, or an immunosuppressive drug (e.g. 6-MP, azathioprine, methotrexate)?

☐ Yes ☐ No

Q7. If the request is for CIMZIA or SIMPONI, is the patient a NEW START?

☐ Yes ☐ No

Q8. If the request is for CIMZIA or SIMPONI, has the patient failed Humira?

☐ Yes ☐ No

Q9. Additional Comments

Prescriber Signature　　　　Date

□ Expedited/Urgent - By checking this box and signing above, I certify that applying the standard review timeframe may seriously jeopardize the life or health of the enrollee or the enrollee's ability to regain maximum function

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.

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