



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Ankyl Spondylitis & Psoriatic Arth (SAA)

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.

Form with fields for Patient Name, Member/Subscriber Number, Date of Birth, Group Number, Address, City, State ZIP, Primary Phone, Prescriber Name, Supervising Physician, Fax, Office Contact, NPI, Address, City, State ZIP, Specialty/facility name, Phone, State Lic ID.

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, Enbrel, Humira, Simponi, Orencia)
Q2. What diagnosis is this drug being prescribed for (pick one)? (Psoriatic arthritis, Ankylosing spondylitis, Other)
Q3. Please provide ICD code(s) for diagnosis.
Q4. Please indicate location of administration. (Home)



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Patient Name: Prescriber Name: Supervising Physician:

Form with 13 questions regarding medical history and treatment for Ankylosing Spondylitis and Psoriatic Arthritis, including questions about facility type, prescriber specialty, and previous treatments.



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Form with fields for Patient Name, Prescriber Name, and Supervising Physician.

Form with a checkbox for 'No - other (please specify)' and a text area for 'Q14. Additional Comments'.

Signature and Date lines.

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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