



PRIOR AUTHORIZATION REQUEST FORM

EOC ID:

Rheumatoid arthritis (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?

- List of drug options with checkboxes: Actemra 162 MG/0.9 ML SYRINGE (GCN 35486), Actemra 80 MG/4 ML VIAL (GCN 27366), Actemra 200 MG/10 ML VIAL (GCN 27367), Actemra 400 MG/20 ML VIAL (GCN 27368), Cimzia 200 MG VIAL KIT (GCN 99615), Cimzia 200 MG SYRINGE KIT (GCN 23471), Enbrel 25 MG VIAL (GCN 52651), Enbrel 25 MG/0.5 ML SYRINGE (GCN 98398), Enbrel 50 MG/ML SYRINGE (GCN 23574), Enbrel 50 MG/ML MINI CARTRIDGE (GCN 43924), Enbrel 50 MG/ML SURECLICK PEN (GCN 97724), Humira 40 MG/0.8 ML PEN (GCN 97005), Humira 40 MG/0.8 ML SYRINGE (GCN 18924), Humira PEN CROHN-UC-HS 40 MG (GCN 97005), Humira PEN PSORIA-UVEITIS 40MG (GCN 97005), Humira 40 MG/0.4 ML PEN Citrate free/Low volume (GCN 43506), Humira 40 MG/0.4 ML SYRINGE Citrate free/Low volume (GCN 43505), Humira PEN CROHN-UC-HS 80 MG Citrate free/Low volume (GCN 44014), Humira PEN PSOR-UVEI 80MG-40MG Citrate free/Low volume (GCN 44954), Kineret 100 MG/0.67 ML SYRINGE (GCN 14867), Orenzia 125 MG/ML SYRINGE (GCN 30289), Orenzia 125 MG/ML CLICKJECT (GCN 41656), Orenzia 250 MG VIAL (GCN 26306), Simponi 50 MG/0.5 ML SYRINGE (GCN 22536), Simponi 50 MG/0.5 ML PEN (GCN 22533), Simponi 100 MG/ML SYRINGE (GCN 34697), Simponi 100 MG/ML PEN (GCN 35001), Simponi ARIA 50 MG/4 ML VIAL (GCN 34983)



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<b>Patient Name:</b>	<b>Prescriber Name:</b> <b>Supervising Physician:</b>
<input type="checkbox"/> Other (Please specify)	
Q2. What are the quantity and days supply requested?	
Q3. What diagnosis is this drug being prescribed for (pick one)? *	
<input type="checkbox"/> Rheumatoid arthritis	<input type="checkbox"/> Other
Q4. Please provide ICD code(s) for diagnosis.	
Q5. Is the patient a NEW START to the requested medication?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q6. Is the prescribing physician a Rheumatologist?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q7. Has the patient previously failed an adequate trial of or have clinically significant intolerance to methotrexate?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q8. Does the patient have a contraindication to methotrexate?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q9. Has the patient failed at least one of the following DMARDs: hydroxychloroquine, sulfasalazine, leflunomide?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q10. Does the patient have a contraindication to all other DMARDs (hydroxychloroquine, sulfasalazine, leflunomide)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Q11. If the request is for ACTEMRA, CIMZIA ORENCIA, SIMPONI, or KINERET, does the patient have failure of an adequate trial, intolerance, or contraindication to Enbrel and Humira?	
<input type="checkbox"/> Yes - Enbrel & Humira	
<input type="checkbox"/> No - Enbrel only	
<input type="checkbox"/> No - Humira Only	



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Form with fields for Patient Name, Prescriber Name, Supervising Physician, and questions Q12-Q15 regarding claim submission and billing.

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 a SWHP pharmacist or medical director at 1-800-728-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided.



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