

Immunomodulators Temporary PA Request Form

Rheumatoid Arthritis (Enbrel, Humira, Actemra Infusion, Actemra SQ, Cimzia, Inflectra, Kevzara, Kineret, Olumiant, Orencia Infusion, Orencia SQ, Remicade, Renflexis, Simponi, Simponi Aria, Xeljanz and Xeljanz XR)

Beneficiary Information

1. Beneficiary Last Name: _____ 2. First Name: _____
3. Beneficiary ID #: _____ 4. Beneficiary Date of Birth: _____ 5. Recipient Gender: _____

Prescriber Information

6. Prescribing Provider NPI#: _____
7. Requester Contact Information - Name: _____ Phone #: _____ Ext: _____

Drug Information

8. Med requested: _____ 9a. Strength _____ 9b. Quantity per 30 days _____ 9c. Length of Therapy _____

10. Does the beneficiary have a diagnosis of Rheumatoid Arthritis? **YES** ___ **NO** ___

11. Is the beneficiary on any other injectable immunomodulator? **YES** ___ **NO** ___

12. Has the beneficiary been screened for latent tuberculosis infection? **YES** ___ **NO** ___

13. Has the beneficiary been tested with Hep B SAG and Core Ab? **YES** ___ **NO** ___
Date of lab and result _____

14. Has the beneficiary experienced a therapeutic failure/inadequate response with methotrexate or at least one disease modifying antirheumatic drug (e.g. leflunomide, hydroxychloroquine, minocycline, sulfasalazine)?

YES ___ **NO** ___

15. Is the beneficiary unable to take methotrexate or at least one disease modifying antirheumatic drug due to contraindications or intolerabilities?

YES ___ **NO** ___ **Explain** _____

16. Does the beneficiary have clinical evidence of severe or rapidly progressing disease? **YES** ___
NO ___

17. If requesting a non-preferred, list preferred tried or reason beneficiary cannot use one preferred.

Signature of Prescriber: _____ Date: _____

(Prescriber signature mandatory)

I certify that the information provided is accurate and complete to the best of my knowledge, and I understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

Fax this form to: (877) 386-4695

Pharmacy PA Call Center: (833) 585-4309