

**Request Form For Self Injectable Biological For Treating Arthritis
(e.g. Enbrel® or Humira®)**

Fax to Pharmacy Services at **855-811-9332**, or to speak to a Representative, call **888-602-3741**. *Form must be completed for processing.*



Patient Name: _____
 Address: _____
 City: _____ State: _____
 Phone #: _____ Weight: _____ lbs = _____ Kg

Patient ID #: _____
 Apt # or Suite #: _____
 Zip Code: _____
 Birth Date: _____

Physician Name: _____
 Address: _____
 City: _____ State: _____
 Contact Person: _____ Phone #: _____

NPI #: _____
 Apt # or Suite #: _____
 Zip Code: _____
 Fax #: _____

Physician Signature: _____

Drug to be administered from (on): _____ to _____ Or was administered on: _____ to be replaced to physician's office.

Has the member been evaluated for active or latent TB infection? YES NO Date of PPD (tuberculin skin test): _____

Diagnosis: _____ ICD-9 Diagnosis Code: _____

Drug Name: _____ Dose: _____ Sig: _____

Deliver to Patient's Home Deliver to Physician's Office Pick-up at Local Pharmacy (Name/Phone#): _____

For prior authorization of self injectable biologic additional information is needed to proceed with review. Please identify the therapies attempted by completing the medication chart below indicating the dose, start date, end date and reasons for discontinuation (e.g. intolerance, hypersensitivity, other medical reasons). Please attach any needed applicable documentation

<input checked="" type="checkbox"/>	Drug	Dose	Start Date	End Date	Comments
<input type="checkbox"/>	Methotrexate (MTX)				
<input type="checkbox"/>	Combination Therapy (i.e. Sulfasalazine, MTX, & Hydroxychloroquine)				
<input type="checkbox"/>	Leflunomide (Arava®)				
<input type="checkbox"/>	Etanercept (Enbrel®)*				
<input type="checkbox"/>	Adalimumab (Humira®)*				
<input type="checkbox"/>	Other ()				

*These medications require prior authorization and will only be approved when the patient has a medical reason for not taking the above oral formulary medications.

Additional Comments: _____