EXPRESS SCRIPTS®

Prior Authorization Form
Enbrel

This form is based on Express Scripts standard criteria and may not be applicable to all patients; certain plans and situations may require additional information beyond what is specifically requested.
Additional forms available: www.express-scripts.com/pa

Fax completed form to **1-800-357-9577**
If this an **URGENT** request, please call 1-800-417-8164

Patient Information

Patient First Name: ______________________________

Patient Last Name: _______________________________

Patient ID#: _____________________________________

Patient DOB: ____________________________________

Patient Phone #: _________________________________

Prescriber Information

Prescriber Name: _________________________________

Prescriber DEA/NPI **(required)**: ____________________

Prescriber Phone #: _______________________________

Prescriber Fax #: _________________________________

Prescriber Address: _______________________________

State: ________________ Zip Code: __________________

Primary Diagnosis: _________________________________ ICD Code: ____

Please indicate which drug and strength is being requested:

☐ Enbrel 25mg/0.5ml Solution for Injection ☐ Enbrel 50mg/ml Solution for Injection ☐ Enbrel 25mg Powder for Injection

Directions for use (i.e. QD, BID, PRN & Qty): ____

Please complete the clinical assessment:		
1. Has the patient been started on Enbrel?	☐ Yes	☐ No
2. What is the indication or diagnosis? ☐ Adults with rheumatoid arthritis ☐ Juvenile idiopathic arthritis (JIA or JRA) ☐ Plaque psoriasis ☐ Psoriatic arthritis ☐ Ankylosing spondylitis ☐ All other diagnoses (please indicate): ______________________________ If all other diagnoses, please list <u>all</u> therapies and duration of therapy the patient has tried for their current diagnosis: __________ ____ ____		

3. Is Enbrel to be given in combination with any of the following? ☐ Actemra (tocilizumab) ☐ Amevive (alefacept) ☐ Cimzia (certolizumab pegol) ☐ Humira (adalimumab) ☐ Kineret (anakinra) ☐ Methotrexate [MTX] (oral, injection) ☐ Orencia (abatacept) ☐ Remicade (infliximab) ☐ Rituxan (rituximab) ☐ Simponi (golimumab) ☐ Stelara (ustekinumab) ☐ Other: ________________________ ____________________________ If yes, how long was the patient treated (months)? ____	☐ Yes	☐ No	☐ N/A
4. If the patient has the diagnosis of rheumatoid arthritis, has there been a trial of one oral or injectable disease modifying anti-rheumatic drug (DMARD) for at least two months? If yes, please indicate: ☐ Actemra ☐ Arava (leflunomide) ☐ Cimzia ☐ Humira ☐ Kineret ☐ Methotrexate [MTX] (oral, injection) ☐ Orencia ☐ Plaquenil (hydroxychloroquine) ☐ Remicade ☐ Rituxan ☐ Simponi ☐ Sulfasalazine ☐ Other: _________________________ ______________________________	☐ Yes	☐ No	☐ N/A
5. If the diagnosis is adults with RA (rheumatoid arthritis), does the patient have joint erosions OR important markers of poor prognosis such as functional limitations, rheumatoid factor positivity, positive anti-CCP antibodies, OR extra-articular manifestations of rheumatoid arthritis?	☐ Yes	☐ No	☐ N/A
6. If the diagnosis is plaque psoriasis, does the patient have plaque psoriasis of the palms, soles, head, neck, nails, genitalia, or intertriginous area?	☐ Yes	☐ No	☐ N/A
7. If the diagnosis is plaque psoriasis is the minimum body surface area (BSA) involvement with plaque psoriasis greater than or equal to 5%?	☐ Yes	☐ No	☐ N/A
8. If the diagnosis is plaque psoriasis, does the patient have significant disability or impairment in physical or mental functioning, according to the treating physician? If yes, has the patient had an inadequate response to a 3 month trial of either topical therapy OR localized phototherapy with ultraviolet B (UVB) or oral methoxsalen plus UVA light (PUVA)? ☐ Yes ☐ No ☐ N/A	☐ Yes	☐ No	☐ N/A

9. If the diagnosis is plaque psoriasis, has the patient tried a systemic therapy or phototherapy for 3 months with one of the following: If yes, please indicate: ☐ Acitretin (Soriatane) ☐ Adalimumab (Humira) ☐ Alefacept (Amevive) ☐ Cyclosporine ☐ Infliximab (Remicade) ☐ Methotrexate ☐ Phototherapy with UVB or PUVA for psoriasis ☐ Ustekinumab (Stelara) ☐ Other: ________________________ ______________________________	☐ Yes	☐ No	☐ N/A
10. If the diagnosis is juvenile idiopathic arthritis (JIA or JRA) regardless of type of onset, has the patient tried one other agent for this condition (ex. methotrexate, sulfasalazine, or leflunomide or a biologic DMARD (e.g., Humira, Orencia, Remicade, Kineret, Actemra), or an NSAID, or will be starting on Enbrel (etanercept) concurrently with methotrexate, sulfasalazine, or leflunomide, or has an absolute contraindication to methotrexate (eg, pregnancy, breast feeding, alcoholic liver disease, immunodeficiency syndrome, blood dyscrasias), sulfasalazine, or leflunomide?	☐ Yes	☐ No	☐ N/A
11. If the diagnosis is juvenile idiopathic arthritis (JIA or JRA) regardless of type of onset, has the prescriber determined that the patient has aggressive disease and requires early treatment with Enbrel?	☐ Yes	☐ No	☐ N/A
12. If the diagnosis is systemic sclerosis (scleroderma), does the patient have inflammatory joint involvement?	☐ Yes	☐ No	☐ N/A

Are there any other comments, diagnoses, symptoms, and/or any other information the physician feels is important to this review?

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Prescriber Signature: ____Date: _____________________

Office Contact Name: ____________________________ Phone Number: ___________________________

Based upon each patient's prescription plan, additional questions may be required to complete the prior authorization process. If you have any questions about the process or required information, please contact our prior authorization team at the number listed on the top of this form.

Prior Authorization of Benefits is not the practice of medicine or a substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for the patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations, and exclusions.

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