



Prior Authorization Form

**Arkansas Blue Cross and Blue Shield (Medicare)
Medi-Pak Rx (PDP) and Medi-Pak Advantage (PFFS)
Enbrel (Medicare Determination)**

This fax machine is located in a secure location as required by HIPAA regulations.
Complete/review information, sign and date. Fax signed forms to CVS|Caremark at 1-888-836-0730.
Please contact CVS|Caremark at 1-800-294-5979 with questions regarding the prior authorization process.
When conditions are met, we will authorize the coverage of Enbrel (Medicare Determination).

Drug Name (select from list of drugs shown)
Enbrel (etanercept)

Patient Information

Patient
Name: _____
Patient ID: _____
Patient
Group No.: _____
Patient
DOB: _____

Prescribing Physician

Physician
Name: _____
Physician
Phone: _____
Physician
Fax: _____
Physician
Address: _____
City, State,
Zip: _____

Diagnosis: _____ ICD Code: _____

Please circle the appropriate answer for each applicable question.

- | | | |
|---|---|---|
| 1. Is the physician purchasing and providing the drug "incident to" physician services? | Y | N |
| 2. At the initiation of therapy, did the patient have the diagnosis of moderately to severely active polyarticular (with multiple joint involvement) juvenile idiopathic arthritis (JIA, also referred to as juvenile rheumatoid arthritis [JRA]) as the reason for requesting Enbrel?
[If the answer to this question is yes, may skip to question 13.] | Y | N |
| 3. At the initiation of therapy, did the patient have the diagnosis of moderately to severely active rheumatoid arthritis as the reason for requesting Enbrel?
[If the answer to this question is yes, may skip to question 13.] | Y | N |
| 4. At the initiation of therapy, did the patient have a diagnosis of active psoriatic arthritis as the reason for requesting Enbrel?
[If the answer to this question is yes, may skip to question 14.] | Y | N |
| 5. At the initiation of therapy, did the patient have the diagnosis of chronic moderate to severe plaque psoriasis as the reason for requesting Enbrel? | Y | N |



Arkansas BlueCross BlueShield

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- [If the answer to this question is no, may skip to question 8.]
6. Is the patient 18 years of age or older? Y N
7. Is the patient a candidate for systemic therapy or phototherapy? Y N
[May skip to question 14.]
8. At the initiation of therapy, did the patient have a diagnosis of active ankylosing spondylitis as the reason for requesting Enbrel? Y N
- [If the answer to this question is no, no further questions required]
9. Has the patient had an inadequate response to at least two non-steroidal anti-inflammatory drugs (NSAID), or has an intolerance to multiple NSAID drugs [e.g., ibuprofen, diclofenac, naproxen, indomethacin, celecoxib, meloxicam]? Y N
- [If the answer to this question is yes, may skip to question 11.]
10. Is the use of an NSAID contraindicated? Y N
11. Does the patient have ankylosing spondylitis which is predominantly peripheral arthritis? Y N
- [If the answer to this question is no, may skip to question 14.]
12. If indicated, did the patient have an inadequate response, has an intolerance to, or has a contraindication to sulfasalazine? Y N
[May skip to question 14.]
13. Has the patient had an inadequate response to one disease-modifying anti-rheumatic drug (DMARD), or has an intolerance to or contraindication to multiple DMARD drugs? Y N
[e.g., methotrexate (MTX) Imuran (azathioprine), Ridaura (oral gold), Plaquenil (hydroxychloroquine), Cuprimine (D-penicillamine), Azulfidine (sulfasalazine), Arava (leflunomide)]
14. Has the patient received at least 6 months or more of Enbrel therapy through a Caremark administered benefit? Y N
[If the answer to this question is yes, may skip to question 16.]
15. Was the presence of latent tuberculosis ruled out (i.e., TB skin testing, etc.) prior to initiation of this drug? Y N
16. Does the patient have an active infection, including chronic or localized infection? Y N
17. Is the patient receiving a biologic response modifier, such as tumor necrosis factor (TNF) blocking agent other than Enbrel [e.g., Cimzia, Humira, Remicade], selective co-stimulation modulator (e.g., Orencia) interleukin-1 (IL-1) receptor antagonist [e.g., Kineret] or monoclonal antibody to B cells (e.g., Rituxan)? Y N
[If the answer to this question is no, may skip to question 19.]
18. Will the biologic response modifier be discontinued? Y N
19. Has the prescriber assessed the patient's risk of hepatitis B, and if appropriate, tested for hepatitis B? Y N

Comments:

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature and Date
