Health Partners Plans

# HEALTH PARTNERS PLANS
## *PRIOR AUTHORIZATION REQUEST FORM*

Cimzia® (certolizumab pegol)

**Phone: 215-991-4300 Fax back to: 866-240-3712**

Health Partners Plans 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 (patient, prescriber, drug, labs) left blank, illegible, or not attached WILL delay the review process.**

| **Patient Name:** | **Prescriber Name:** | |
|---|---|---|
| HPP Member Number: | Fax: | Phone: |
| Date of Birth: | Office Contact: | |
| Address: | NPI: | Promise ID: |
| City, State ZIP: | *Prescriber PA PROMISe ID:* | |
| Patient Primary Phone: | Address: | |
| Line of Business: □ Medicaid | | |
| □ CHIP | City, State ZIP: | |
| | **Specialty/facility name (if applicable):** | |

□ Expedited/Urgent

**Drug Name**:
**Strength:**
**Days Supply:**
**Number of Refills:**
**Directions / SIG:**

*HPP's maximum approval time is 12 months but may be less depending on the drug.*

**Please attach any pertinent medical history including labs and information for this member that may support approval.**
**Please answer the following questions and sign.**

Q1. Is the patient 18 years of age and has a diagnosis of moderately- to severely-active rheumatoid arthritis?

☐ Yes ☐ No

Q2. Is the prescriber a rheumatologist or in consultation with a rheumatologist?

☐ Yes ☐ No

Q3. Has patient failed or had an inadequate response to at least one DMARD, or have contraindications or intolerances to DMARDs (such as sulfasalazine, leflunomide, hydroxychloroquine, methotrexate)?

☐ Yes ☐ No

Q4. Has the patient failed, had an inadequate response, or is there any contraindication for patient to try Enbrel and Humira OR has the patient been currently established on therapy with Cimzia (within the last 90 days)?

☐ Yes ☐ No

Q5. Is the patient 18 years of age and has a diagnosis of Crohn's disease?

☐ Yes ☐ No

Q6. Is the prescriber a gastroenterologist or in consultation with a gastroenterologist?

☐ Yes ☐ No

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Q7. Has the patient failed or had an inadequate response to at least one corticosteroid, or have contraindications or intolerances to corticosteroids?

☐ Yes ☐ No

Q8. Has the patient failed or had an inadequate response to at least one of the following, or have contraindications or intolerances to: azathioprine (Imuran), 6-mercatopurine (Purinethol) or methotrexate?

☐ Yes ☐ No

Q9. Has the patient failed, had an inadequate response or is there any contraindication for patient to try Humira OR has the patient been currently established on therapy with Cimzia (within the last 90 days)?

☐ Yes ☐ No

Q10. Is the patient 18 years of age and has a diagnosis of active ankylosing spondylitis?

☐ Yes ☐ No

Q11. Is the prescriber a rheumatologist or in consultation with a rheumatologist?

☐ Yes ☐ No

Q12. Has the patient failed, had an inadequate response to a trial of at least one or more DMARD or have contraindications or intolerances to DMARDs [e.g., NSAIDs, Azulfudine (sulfasalazine), methotrexate]?

☐ Yes ☐ No

Q13. Has the patient failed, had an inadequate response, or is there any contraindication for patient to try Enbrel and Humira OR has the patient been currently established on therapy with Cimzia (within the last 90 days)?

☐ Yes ☐ No

Q14. Is the patient 18 years of age and has a diagnosis of Psoriatic Arthritis?

☐ Yes ☐ No

Q15. Is the prescriber a dermatologist or a rheumatologist or in consultation with a dermatologist or rheumatologist?

☐ Yes ☐ No

Q16. Has the patient failed or had an inadequate response to a trial of at least one or more DMARD or have contraindications or intolerances to DMARDs [e.g., NSAIDs, corticosteroids, Azulfudine (sulfasalazine), Plaquenil, Imuran, leflunomide, cyclosporine, methotrexate]?

☐ Yes ☐ No

Q17. Has the patient failed, had an inadequate response, or is there any contraindication for patient to try Enbrel and Humira OR has the patient been currently established on therapy with Cimzia (within the last 90 days)?

☐ Yes ☐ No

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Q18. Is the patient 18 years of age and has a diagnosis of moderate to severe plaque psoriasis and is the patient a candidate for systemic therapy or phototherapy?

☐ Yes ☐ No

Q19. Is the medication prescribed in consultation with a dermatologist?

☐ Yes; patient has psoriasis with greater than 10% of the body involvement. ☐ Yes; patient has psoriasis with less than 10% of the body involvement.

Q20. For psoriasis (greater than 10% of the body involvement): Has the patient failed or had an inadequate response to the trial of Methotrexate OR UVB therapy (alone or in combination with other medications) OR Soriatane (requires prior authorization)?

☐ Yes ☐ No

Q21. For psoriasis (less than 10% of the body surface area involvement): Has the patient failed, had an inadequate response or unable to tolerate the following trial of Tar, 1 topical steroid (high to very high potency for body areas) AND Dovonex (for body), tacrolimus (for face and other sensitive areas) or Anthralin?

☐ Yes ☐ No

Q22. Has the patient failed, had an inadequate response, or is there any contraindication for patient to try Enbrel and Humira OR has the patient been currently established on therapy with Cimzia (within the last 90 days)?

☐ Yes ☐ No

Q23. Has patient been evaluated for active or latent tuberculosis infection with a tuberculin skin test prior to the initiation of therapy?

☐ Yes ☐ No

Q24. Is the tuberculin skin test negative?

☐ Yes ☐ No

Q25. If latent infection is diagnosed, has the patient received appropriate prophylaxis in accordance with the CDC and prevention guidelines should be instituted?

☐ Yes ☐ No

Q26. Is the patient being treated for any other active infection?

☐ Yes ☐ No

Q27. Requested Duration:

☐ 12 Months

Q28. Additional Information:

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Prescriber Signature

Date

*Updated 2018*