

TNF Inhibitor Prior Authorization Form



Physicians Plus
INSURANCE CORPORATION

START HERE

**Member &
Prescriber
Information**

Member Name:	Prescriber Name:
	Prescriber Specialty:
Member Date of Birth:	Prescriber Phone #:
Member ID #:	Prescriber Fax #:

Criteria

Please select the agent requested: Enbrel-Preferred (Etanercept) Humira (Adalimumab) Kineret (Anakinra)

ARTHRITIS

A. Prescribed by a Rheumatologist
OR
 Rheumatology dictation submitted

B. Diagnosis

- Ankylosing spondylitis
- Juvenile rheumatoid arthritis
- Psoriatic arthritis
- Rheumatoid arthritis

C. Patient failed combination medication trial of:

- Methotrexate OR
- Leflunomide (Arava)

PLUS: One other DMARD:

- Hydroxychloroquine
- Sulfasalazine
- Azathioprine
- Minocycline
- Gold
- Penicillamine

Or a clinical reason a combination trial was not appropriate? Explain:

CROHN'S DISEASE

A. Prescribed by a Gastroenterologist
OR
 Gastroenterology dictation submitted

B. Indicated Diagnosis

- Moderate-to-severe Crohn's Disease
- Other: _____

C. Required failure or contraindication to a medication trial of at least ONE of the following agents:

- Prednisone
- Budesonide (Entocort EC)
- Azathioprine (Imuran)
- Infliximab (Remicade) - Medical Benefit

PSORIASIS

A. Prescribed by a Dermatologist OR
 Dermatology dictation submitted

B. Diagnosis

- Moderate-to-severe plaque psoriasis
- Other: _____

C. Required failure or contraindication to therapies in each category of topical, suppressive and remitting agents:

1. Topical Agents (at least 1)

- Topical Corticosteroids
- Topical Tazarotene (Tazorac)
- Topical Calcipotiene (Dovonex)

2. Suppressive Agents (at least 1)

- Acetretin
- Cyclosporine
- Methotrexate

3. Remitting Agents (at least 1)

- PUVA
- UVB
- Alefacept (Amevive) - Medical Benefit
- Infliximab (Remicade) - Medical Benefit

**Sign/Date &
Mail or Fax**

Prescriber Signature: _____ **Date:** _____

Prescriber NPI: _____

Mailing Address

Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:

(608) 258-1905

Prior Authorization Questions?

(608) 260-7803 or (800) 545-5015 (ext. 7803)

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