

PHYSICIAN PRIOR AUTHORIZATION REQUEST FORM BlueCross[®] BlueShield[®] of South Carolina

Patient Information	
Name:	Insurance ID #:
Group #:	Birthdate:

Provider Information	
Physician's Name:	Physician DEA #:
Phone:	Fax:
Office Address:	
Diagnosis:	ICD-9 Code:

When this form is complete, please fax to Caremark at 888-836-0730.

This fax machine is in a HIPAA-compliant, secure location. On behalf of BlueCross BlueShield of South Carolina, Caremark assists in the administration of prescription drug programs. Caremark is an independent company that provides pharmacy benefits management.

Call Caremark at 800-294-5979 with any questions concerning prior authorization procedures.

1. Is the physician purchasing and providing the drug "incident to" physician services?
 Y N
2. Has the patient previously received Cimzia through a CVS Caremark administered benefit for one of the following conditions?
 Y N
 - Crohn's Disease
 - RA
 [If the answer is no, skip to question 4.]
3. Has the patient responded to Cimzia therapy (e.g., condition improved or stabilized)?
 Y N
 [If the answer is yes, skip to question 14.]
4. Is the patient less than 18 years of age or older?
 Y N
 [If the answer is no, no further questions are required.]
5. Prior to initiating therapy, does the patient have a diagnosis of moderately to severely active RA as the reason to request Cimzia?
 Y N
 [If the answer is no, skip to question 7.]

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6. Has the patient failed or inadequately responded to a non-biologic DMARD, or does the patient have an intolerance or contraindication to multiple non-biologic DMARDs?
 • Examples of non-biologic DMARDs: MTX, leflunomide, hydroxchloroquine, sulfasalazine
 [If the answer is yes, skip to question 9.]
 [If the answer is no, no further questions are required.] Y N
7. At the initiation of therapy, did the patient have a diagnosis of moderately to severely active Crohn's disease as the reason to request Cimzia?
 [If the answer is no, no further questions are required.] Y N
8. Did the patient have an inadequate response to conventional therapy for Crohn's disease (e.g., corticosteroids, sulfasalazine, azathiopine or mesalamine) or to biologic agents such as Remicade or Humira?
 [If the answer is no, no further questions are required.] Y N
9. Prior to initiating therapy, did the patient have a TB skin test?
 [If the answer is no, no further questions are required.] Y N
10. Was the result of the TB test positive?
 [If the answer is no, skip to question 13.] Y N
11. Does the patient have active TB?
 [If the answer is yes, no further questions are required.] Y N
12. Is the patient receiving treatment for latent TB infection, or has the patient completed treatment for latent TB infection prior to initiating Cimzia?
 [If the answer is no, no further questions are required.] Y N
13. Prior to initiating therapy, has the prescriber assessed the patient's risk of hepatitis B, and if appropriate, ruled out of initiated treatment for hepatitis B?
 [If the answer is no, no further questions are required.] Y N
14. Prior to starting Cimzia (or to continue treatment with Cimzia), will the use of any other biologic DMARD be discontinued?
 • Examples of biologic DMARDs: Enbrel, Humira, Kineret, Orencia, Remicade, Rituzan, Simponi or Tysabri Y N
15. Does the patient have an active infection (chronic or localized)? Y N

Comments: _____

Information on this form is accurate as of the date below.

Prescriber's Signature:	Date:
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