15 Earhart Drive, Suite 101, Amherst, NY 14221

# RHEUMATOID ARTHRITIS AUTHORIZATION AND RE-AUTHORIZATION REQUEST

**TEL: (716) 929-1000 | 1-800-809-4763 FAX: (716) 532-7360**

| | | | |
|---|---|---|---|
| Member Name: | Today's Date: Date Needed: | | |
| Date of birth: Sex: Weight: | | Prescriber: | Hospital/Clinic: |
| Home Phone Number: ( ) | | Phone Number: ( ) | Fax Number: ( ) |
| Home Address: City: State: Zip: | | Address: | City: State: Zip: |
| Member's Insurance ID: | | Office Phone : | Office Fax Number: |
| Allergies: | | Office Contact: | |

## STATEMENT OF MEDICAL NECESSITY

Primary Diagnosis: _____ICD10 Code: _____

Has patient tried and failed to tolerate or respond to a 3 month trial of a below listed conventional agent? (Methotrexate, leflunomide, sulfasalazine, hydroxychloroquine)

☐ Yes ☐ No Name and length of therapy_____

_____

Has patient had an updated TB test within the last year?

☐ Yes ☐ No

Date of test: _____ Result: _____

Other previous treatments: _____

_____

Clinical impression: _____

For reauthorization: Clinical response or remission of disease maintained with continued use? ☐ Yes ☐ No

## DRUG SELECTION

☐ New Authorization Request ☐ Reauthorization Request

☐ **ACTEMRA** ☐ **ENBREL** ☐ **HUMIRA**

☐ **XELJANZ** ☐ **CIMZIA** ☐ **KEVZARA**

☐ **KINERET** ☐ **ORENCIA** ☐ **SIMPONI**

☐ **REMICADE** ☐**OLUMIANT** ☐ **OTHER**_____

☐ **Initial** Dose: _____ Frequency: _____

☐ **Maintenance** Dose: _____ Frequency: _____

Will medication be self-injected? ☐ Yes ☐ No

## OTREXUP/RASUVO

☐ **OTREXUP** ☐ **RASUVO**

**DOSE:**_____ **FREQUENCY:**_____

- Patient has severe active RA?
  ☐ Yes ☐ No
- Submission of negative pregnancy test?
- ☐ Yes ☐ No
- Patient has tried and failed to respond to oral MTX; and MTX sodium solution for injection?
  ☐ Yes ☐ No
- Submission of baseline complete blood counts, renal functions and liver function tests?
  ☐ Yes ☐ No
- Confirmation that CBC, renal functions and liver function tests are scheduled to be monitored periodically while on therapy?
  ☐ Yes ☐ No