

OPTIMA HEALTH PLAN

PHARMACY PRIOR AUTHORIZATION REQUEST FORM*

Directions: *The prescribing physician must sign and clearly print name (preprinted stamps not valid) on this request. All other information may be filled in by office staff and faxed to 757-552-7516 or 1-800-750-9692. No additional phone calls will be necessary if all information (including phone and fax #s) on this form is correct.*

Drug Name: **Enbrel™ (etanercept) Code- J1438**

- Enbrel is indicated for the reduction of signs and symptoms and inhibiting progression of structural damage of moderate-to-severe, active rheumatoid arthritis; for the reduction of signs and symptoms of active psoriatic arthritis in adults; can be used in combination with methotrexate for those patients not responding to methotrexate monotherapy
- Enbrel is indicated for the reduction of signs and symptoms and of moderate-to-severe polyarticular-course juvenile rheumatoid arthritis in patients with inadequate responses to systemic regimens.
- Enbrel is indicated for reducing signs and symptoms in patients with active ankylosing spondylitis.
- Enbrel is indicated for the treatment of adult patients (18 years and older) with chronic moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy
- Enbrel treatment should not be initiated in patients with active infections and treatment should be discontinued in patients who develop serious infections or sepsis.

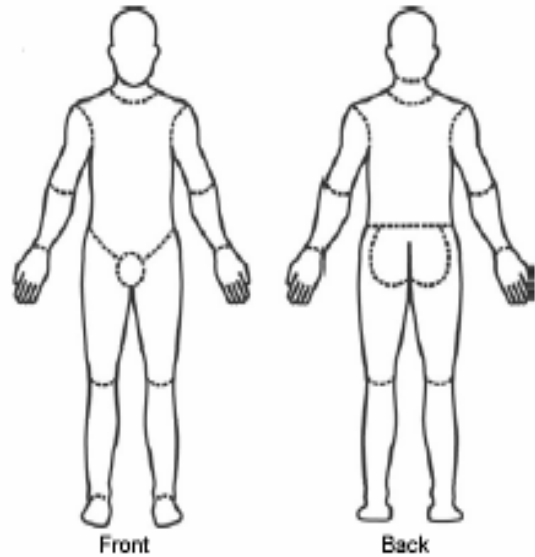
Diagnosis

(Check one):

- Severely active rheumatoid arthritis
- Severely active polyarticular juvenile rheumatoid arthritis
- Active Psoriatic Arthritis
- Active ankylosing spondylitis
- Moderate to severe plaque psoriasis

Indicate Psoriasis Affected Area

greater than 10% of total body surface area



Please complete below:

(ALL lines must be checked to qualify)

- Prescriber is a rheumatologist or dermatologist
- Patient has tried and failed at least one previous systemic therapy including, but not limited to (does not apply to moderate to severe plaque psoriasis diagnosis):
 - Azathioprine
 - Methotrexate
 - Auranofin
- Patient is at least 4 years old (arthritis indication)
- Failed to respond to phototherapy or alternative systemic therapy (psoriasis only)
- Psoriasis involves: palms, soles, face, genitalia, or
- Dosage regimen prescribed _____

Patient _____

Member Number _____

Signed _____ Date _____

Physician Name _____ Phone Number _____

Fax Number _____

Pharmacy Name _____ Pharmacy Tel # _____