

AND

Trial and failure on **ONE (1)** of the following biologics below:

- Humira®
- Enbrel®

Crohn's Disease: Please check applicable box(es) below to qualify.

Patient tried and failed at least **one previous 5-Aminosalicylates or Immunomodulators therapy (check each tried):**

<input type="checkbox"/> methotrexate	<input type="checkbox"/> azathioprine	<input type="checkbox"/> auranofin	<input type="checkbox"/> oral aminosalicylates
<input type="checkbox"/> sulfasalazine	<input type="checkbox"/> leflunomide	<input type="checkbox"/> 6-mercaptopurine	<input type="checkbox"/> <input type="checkbox"/> Apriso®
<input type="checkbox"/> Lialda™	<input type="checkbox"/> Pentasa®		

OR

budesonide or high does (40-60 mg prednisone) steroids

AND

Trial and failure of Humira®

Medication being provided by a Specialty Pharmacy - PropriumRx

****Use of samples to initiate therapy does not meet step edit/ preauthorization criteria.****

Previous therapies will be verified through pharmacy paid claims or submitted chart notes.

Patient Name: _____

Member Optima #: _____ Date of Birth: _____

Prescriber Name: _____

Prescriber Signature: _____ Date: _____

Office Contact Name: _____

Phone Number: _____ Fax Number: _____

DEA OR NPI #: _____

REVISED/UPDATED: 8/1/2017; 8/31/2017; 12/27/2017; 8/30/2018; 11/19/2018.