

Xeljanz® & Xeljanz® XR Prior Authorization Request Form
 DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

Member Information (required)	Provider Information (required)
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Member Name:			Provider Name:		
Insurance ID#:			NPI#:		Specialty:
Date of Birth:			Office Phone:		
Street Address:			Office Fax:		
City:	State:	Zip:	Office Street Address:		
Phone:			City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
<input type="checkbox"/> Check if requesting brand		Directions for Use:
<input type="checkbox"/> Check if request is for continuation of therapy		

Clinical Information (required)

Select the diagnosis below:

Moderate to severely active rheumatoid arthritis

Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Is the prescriber a rheumatologist? Yes No

Select if the patient has tried and failed the following disease modifying antirheumatic drugs (DMARDs) for at least three (3) months:

<input type="checkbox"/> Auranofin	<input type="checkbox"/> Methotrexate
<input type="checkbox"/> Azathioprine	<input type="checkbox"/> Minocycline
<input type="checkbox"/> Hydroxychloroquine	<input type="checkbox"/> Sulfasalazine
<input type="checkbox"/> Leflunomide	

Select if the patient has tried and failed the following:

Cimzia

Humira

Simponi

Medication being provided by: (Please check applicable box below)

Physician's office PropriumRx Specialty Pharmacy (specify name): _____

****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.

Prescriber Signature: _____ **Date:** _____

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

Please note: This request may be denied unless all required information is received.
 For urgent or expedited requests please call 1-800-711-4555.
 This form may be used for non-urgent requests and faxed to 1-800-527-0531.