



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

CIMZIA (Certolizumab Pegol)

Coverage Criteria / Required Medical Information

Prescriber must be Gastroenterologist or Rheumatologist, as appropriate.

Crohn's - trial/failure or contraindication/intolerance to at least one oral corticosteroid and Humira.

Rheumatoid Arthritis - At least 8-week maximum tolerated dose trial/failure or contraindication/intolerance to at least one nonbiologic DMARD and trial/failure of either Enbrel or Humira.

Patient must be screened for latent TB and assessed for Hep B risk and, if appropriate, be treated.

Exclusion Criteria

Patients are excluded if they have an active infection (including TB).

Member Information

Name					
Enrollment/Card-holder ID Number					
Group/Plan		Male		Female	
Date of Birth		Age		Weight in Kg	
Street Address					
City		State		Zip	

Physicians Information

Name					
Agent		Contact Name			
Specialty/Office					
Clinic Name					
Street Address					
City		State		Zip	
Phone		Fax			

Requested Drug

CIMZIA		Reason for Request			
Condition/Diagnosis Related					

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing			Strength/Dosage		
Formulary Alternative(s) Attempted?			Yes:		No:
Please List Alternative Formulary Drugs					

Comments

Physicians Signature: _____

Fax Form to 1-866-481-3704