

## Sterling Retiree Rx Prior Authorization Form

### REMICADE (Infliximab) IV Injection

**Coverage Criteria / Required Medical Information**

**Prescriber must be Rheumatologist, Dermatologist or Gastroenterologist, as appropriate.**

**Moderate to Severe RA:** patient has had at least an 8-week maximum tolerated dose trial and failure or has an intolerance or contraindication to at least 1 nonbiologic DMARD (e.g., methotrexate, cyclosporine, azathioprine, sulfasalazine, leflunomide, hydroxychloroquine) **and** patient has had a previous trial and failure of Enbrel or Humira.

**Moderate to Severe RA:** patient is receiving MTX concurrently.

**Moderate to Severe Psoriatic Arthritis with predominantly peripheral symptoms:**

patient has had at least an 8-week maximum tolerated dose trial and failure or has an intolerance or contraindication to at least 1 of the following nonbiologic DMARDs (e.g., methotrexate, cyclosporine, azathioprine, sulfasalazine, leflunomide, hydroxychloroquine) **and** patient had a previous trial and failure to Enbrel or Humira.

**Moderate to Severe Psoriatic Arthritis with predominantly axial symptoms or ankylosing spondylitis:**

patient has tried and failed to respond to 2 NSAIDs in a 3-month trial unless patient has a contraindication or intolerance to NSAIDs.

**Moderate to Severe Plaque Psoriasis:** affected area is greater than 10% of body surface area **or** an area that will affect crucial daily functions (e.g., feet, hands); patient has tried and failed (or has an intolerance or contraindication to) at least a 60 day trial of 2 conventional therapies including high potency topical steroid therapy, calcipotriene, phototherapy, retinoids, or methotrexate **and** patient must be at least 18 years of age.

**Ulcerative Colitis:** patient has tried and failed (or has a contraindication or intolerance to) at least a 60 day trial of 2 conventional therapies such as sulfasalazine, balsalazide, mesalamine, or corticosteroids.

**Crohn's Disease:** patient has tried and failed (or has an intolerance or contraindication to) 1 conventional therapy (e.g., corticosteroids) and 1 biologic therapy ((i.e., Humira or Cimzia).

LTBI screening, and if results are positive, patient must have completed treatment or must currently be receiving treatment for LTBI. In addition, HBV infection ruled out or treatment initiated.

**Continuation of Therapy:** patient must show an improvement in clinical symptoms or delay in progression of disease.

**Exclusion Criteria**

Active infection (including TB, sepsis); concurrent use with other biologics; moderate to severe HF (NYHA Functional Class III/IV) at doses greater than 5mg/kg; murine protein hypersensitivity. For plaque psoriasis, 18 years if age and older.

### Member Information

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



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Physicians Information					
<b>Name</b>					
<b>Agent</b>		<b>Contact Name</b>			
<b>Specialty/Office</b>					
<b>Clinic Name</b>					
<b>Street Address</b>					
<b>City</b>		<b>State</b>		<b>Zip</b>	
<b>Phone</b>		<b>Fax</b>			
Requested Drug					
<b>REMICADE</b>	<b>Reason for Request</b>				
<b>Condition/Diagnosis Related</b>					
Clinical Drug/Lab History Pertinent to Request					
<b>Labs: Baseline/Ongoing</b>			<b>Strength/Dosage</b>		
<b>Formulary Alternative(s) Attempted?</b>		<b>Yes:</b>		<b>No:</b>	
<b>Please List Alternative Formulary Drugs</b>					
<b>Comments</b>					

Physicians Signature: \_\_\_\_\_ Fax Form to 1-866-481-3704