CVS CAREMARK Fax Referral To: 800-323-2445	For 1	E	llimumab) t Form f Rhode Island Memb	ers		
Phone: 866-278-6634	Date:	Needs by Date (Please Specify):				
Ship to: Patient Office Other:						
PATIENT INFORMATION			PRESCRIBI	ER INFORMATION		
(Complete the following or send patient demograp	hic sheet)	Prescriber's Name				
Patient Name:		State License #	:	UPIN:		
Address:		DEA #		NPI #:		
City, State, Zip:		Group or Hospital	-			
Home Phone:		Address City, State Zip				
SS #:		Phone		Fax:		
Insurance ID:		Contact Person		I uA		
Date of Birth: Gender:		Contact Phone				
INSURANCE INFORMATION (If av.	ailable, please c	copy and attach the from	nt and back of insi	<i>urance and prescription drug card</i>)		
Primary Insurance: Subscriber:	· 1	Subscriber ID#:	0	ame of Insurer: Blue Cross Blue Shie	ld of RI	
Secondary Insurance: Subscriber:		Subscriber ID#:	N	ame of Insurer:		
STATEMENT O	F MEDICAL N	NECESSITY for BCB	S of Rhode Islan	d Members		
Diagnosis (ICD-9 Code): 714.0 Rheumatoid Arthri 555.0 Regional Enteritis 555.1 Regional Enteritis	or Crohn's Diseas or Crohn's Diseas		☐ 696.0 Psoriatic ☐ 555.9 Regional ☐ Other:	Arthritis • Date of Diagnosis: Enteritis or Crohn's Disease NOS		
APPROVAL CRITERIA: CHECK ALL BOXES THAT						
NOTE: Any areas not filled out are considered not applic	able to your pation			this request.		
• Patient has a latex allergy]Yes []No			
 Patient has tuberculosis or a history of recurrent, chronic cu Patient had a tuberculin skin test to rule out latent tuberculo 	-	1]Yes 🗌 No]Yes 🗌 No			
 Patient had a tuberculus skin test to full out fatent tuberculo Patient with CHF developed new symptoms or worsening symptoms. 			Yes No			
 Patient with Chr developed new symptoms of worsening s Patient has Multiple Sclerosis or any other demyelinating di 			Yes No			
 Humira will be used in combination with other TNF agents 			Yes No			
 Patient is currently receiving systemic psoriasis therapy (exc or analgesics), immunosuppressive therapy, or Anakinra Comments: 		ate, glucocorticoids, salic		anti-inflammatory drugs,		
• Patient is pregnant or nursing Yes No						
• Patient is less than 18 years of age Yes No						
• Patient is currently taking Humira Yes No	If yes, please	indicate date started:				
Ankylosing Spondylitis:						
• Patient is 18 years of age or older		🗌 Yes 🗌 No				
• Patient has failed, had an inadequate response to or is not in	dicated for treatm	ent with sulfasalazine, me	thotrexate, or non-st	teroidal anti-inflammatory drugs 🛛 Y	es 🗌 No	
Rheumatoid Arthritis:						
• Patient must be 18 years of age or older		Ľ	Yes 🗌 No			
Patient must have symptoms of moderately to severely activ	ritis]Yes 🗌 No				
• Patient has failed or had an inadequate response to one or m			-rheumatic agents (I	DMARD): Yes No		
	Hydroxychloroqu					
	Auranofin (Ridau					
	Sulfasalazine (Az					
Cyclophosphamide (Cytoxan or Neosar)						
	Leflunomide (Ara	ava)				
Gold Sodium Thiomalate (Myochrysine)						
	CON	TINUED ON PAGE	2			

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PAGE 1	OF 2

	Psoriatic Arthritis:								
Patient has arthritis in any of the following diarbounds: Patient has arthritis in any of the following diarbounds: Patient has arthritis in any of the following diarbounds: Patient has arthritis Multilam: Patient has failed or had an inadequate response to one or more of the following disease-modifying anti-theunatic agents (DMARD), specifically methotrexate or sulfasalazine: Patient has failed or had an inadequate response to one or more of the following disease-modifying anti-theunatic agents (DMARD), specifically methotrexate or sulfasalazine: Patient has failed or had an inadequate response to one or more of the following disease-modifying anti-theunatic agents (DMARD), specifically methotrexate or sulfasalazine: Patient has failed or had an inadequate response to one or more of the following disease-modifying anti-theunatic agents (DMARD), specifically methotrexate or sulfasalazine: Patient has different or Newary: Patient has failed or had an inadequate response to one or more of the following disease-modifying anti-theunatic agents (MarNa): Patient has different or every endy activate and runnis informatic: Patient has different or every endy activate and a musing mother? Patient has different or every endy activate juvenile idiopathic arthritis: Patient has a materia mother are to severe polyaricular juvenile idiopathic arthritis: Patient has different borver Pague Poolses: Patient has different borver Pague Poolses: Patient has different borver Pague Poolses: Patient has an inadequate response to conventional therapy (ex. suffisalazine, onal meslamine, corticoteroids, and antibiotics) es noi Patient has different borver Pa									
Asymmetric Arthritis Asymmetric Arth					es 🗌 No				
□ bistal Interphalangeal Joint Involvement □ Polyaricular Arthritis, without Rheumatoid Nodules • Patient has failed or had an inadequate response to one or more of the following disease-modifying anti-theumatic agents (DMARD), specifically methotrexate or sulfasalazine: □ Ys □ No □ Azathioprine (Imuran) □ Hydroxychloroxquine (Plaquenti) □ Azathioprine (Imuran) □ Caranofin (Ridumn) □ Cold Solidm Thiomalace (Wydrothysine) □ Carlo Sondium Thiomalace (Wydrothysine) • Is the patient agregant woman or a norsing mother? □ No □ Solid Solidm Thiomalace (Wydrothysine) • No • Is the patient agregant woman or a norsing mother? □ No □ Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis (Except methotrexate, glucocorticoids, and antibiotics) □ Yes • Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis □ Yes No • Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis □ Yes No • Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis □ Yes No • Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis □ Yes No • Patient has had an indequate response to convendonal therapy (er. sulfasalazine, oral mesalamine, c				T Ye	es 🗌 No				
• Patient has failed or had an inadequate response to one or more of the following disease-modifying anti-thermatic agents (DMARD), specifically methorexate or sulfasalazine: • Patient has failed or had an inadequate response to one or more of the following disease-modifying anti-thermatic agents (DMARD), specifically methorexate or sulfasalazine: • Patient has failed or had an inadequate response to one or more of the following disease-modifying anti-thermatic agents (DMARD), specifically methorexate or sulfasalazine: • Patient has a dignosis of neosary • Option of Rosary • Patient has diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis (every methorexate, glucosorticoids, and artibiotics) • Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis (every methorexate, glucosorticoids, and artibiotics) • Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis (every methorexate, glucosorticoids, and artibiotics) <	Arthritis Mutilans	As	ymmetric Arthritis	Ankylosin	g Spondylitis-like Arthritis				
Yes No	Distal Interphalangea	al Joint Involvement 🗌 Po	lyarticular Arthritis, without Rhe	eumatoid Nodules					
□ Azatioprine (Inuran) □ Hydroxychloroquine (Plaquenil) □ Chronic (Ridaura) □ Staffasalazine (Azulfidine) □ Cyclophosphanide (Cycoxan or Nosar) □ Cyclophosphanide (Cycoxan or Nosar) □ Gold Sodium Thionalate (Myochrysine) □ Lefthnomide (Arava) □ Stoffasalazine (Azulfidine) □ Cyclophosphanide (Cycoxan or Nosar) □ Stoffasalazine (Azulfidine) □ Cyclophosphanide (Cycoxan or Nosar) □ Stoffasalazine (Narufic) □ Lefthnomide (Arava) □ Stoffasalazine (Narufic) □ Lefthnomide (Arava) □ Stoffasalazine (Narufic) □ No Javanile dilognathe Arthritis (IL): □ □ □ Javanile dilognathe Arthritis (ILA): □ □ □ • Patient has a diagnosis of moderate to severe Polyarticular juvenile idopathic arthritis [Yes] No □ □ Chronic Moderate to Severe Plaque Poriasis: □ Yes] No □ • Platient has dia inaidequate response to conventional therapy (ex. suffasalazine, oral mesalamine, corticosteroids, and antibiotics)] Yes] No ■ • Platient has dia coninaidequate response to co									
□ Auranofin (Ridura) □ Peniciliantine (Cuprimine, Depen) □ Suffasalazine (Azufidine) □ Cyclophosphamide (Cytoxa or Neosar) □ Cyclophosphamide (Myochrysine) • Is the patient a reregnant woman or a nursing mother? Lys > Patient has a diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis Pys > Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis Pys > Patient has had an indequate response to conventional therapy (ex. suffasalazine, oral mesalamine, corticosteroids, and antibiotics) Yes > Patient has faide, has a contraindication, or is intolerant to, but is otherwise a candidate for other systemic therapis (e.g. methotrexate, acitretin, or cyclosporine) or phototherapy > Patient has faide, has a contraindicatition, or is intolerant to, but is otherwise a candidat	🗌 Yes 🗌 No								
Penicillamine (Cuprimine, Depen) Sulfasalazine (Azufidine) Cyclophosphamide (Cytoxa or Neosar) Cyclopporine (Neoral or Sandimmune) Minocycline (Minoci or Dynacin) Leffunomide (Arava) Cold Sodium Thiomalate (Myochrysite) Is the patient currently receiving systemic therapy for goriatic arthritis (except methorexate, glucocorticoids, salicylate, non-steroidal anti-inflammatory drugs or analgesics), immunoouppressive therapy, or Kineet (anakirm?) Yes No Is the patient a pregnant woman or a musing mother? Yes No Patient as a diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis Yes No Patient as a diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis Yes No Patient as diagnosis of noderate to severe polyarticular juvenile idiopathic arthritis Yes No Patient as diagnosis of noderate to severe Polyare Soriass: Patient is 18 years of age or older Patient is a least or contraindication, or is intolerant to, but is otherwise a candidate for other systemic therapies (e.g. methorexate, acitretin, or cyclosporine) or phototherapies Patient is the percent of body surface area that is affected with Plaque Psoriasis Greater than 10% [Crohn	Azathioprine (Imuran	1)		Hydroxychloro	oquine (Plaquenil)				
Cyclophosphamide (Cytoxan or Neosar) Cyclosporine (Neoral or Sandimmune) Gold Sodium Thiomalate (Myochrysine) Leflunomide (Arava) • Is the patient currently receiving systemic therapy for psoriatic arthritis (except methotrexate, glucocorticoids, salicylates, non-steroidal anti-inflammatory drugs or analgesics), Immunosuppressive therapy, or Kineert (anakina?)? • Is the patient arrently receiving systemic therapy for psoriatic arthritis (except methotrexate, glucocorticoids, salicylates, non-steroidal anti-inflammatory drugs or analgesics), Immunosuppressive therapy, or Kineert (anakina?)? • Is the patient a gregnant woman or a nursing mother? Yes • Patient has a diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis Yes • Patient has a diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis Yes • Patient has a diagnosis of moderate to severe polyarticular juvenile idiopathic arthritis Yes • Patient has false data inadequate response to conventional therapy (ex. suffasalazine, oral mesalamine, corticosteroids, and antibiotics) Yes No • Patient has false data inadequate response to conventional therapy (ex. suffasalazine, oral mesalamine, corticosteroids, and antibiotics) Yes No • Patient has false data in adeguate response to conventional therapy (ex. suffasalazine, oral mesalamine, corticosteroids, and antibiotics) Yes No • The patient's disease is contralide with poical therapy Ye	☐ Methotrexate			Auranofin (Ric	laura)				
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□ Gold Sodium Thionalate (Myochrysine) • Is the patient currently receiving systemic therapy for psoriatic arthritis (except methotrexate, glucocorticoids, salicylates, non-steroidal anti-inflammatory drugs or analgesics), Immunosuppressive therapy, or Kineret (anakinny) □ Yes □ No • Is the patient a pregnant woman or a nursing mother? □ Yes □ No • Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis □ Yes □ No • Patient has a diagnosis of moderate to severe polyaricular juvenile idiopathic arthritis □ Yes □ No • Patient has had an inadequate response to conventional therapy (ex. sulfasalazine, oral mesalamine, corticosteroids, and antibiotics) □ Yes □ No • Patient has had an inadequate response to conventional therapy (ex. sulfasalazine, oral mesalamine, corticosteroids, and antibiotics) □ Yes □ No • Patient has failed, has a contraindication, or is intolerant to, but is otherwise a candidate for other systemic therapies (e.g. methotrexate, acitretin, or cyclosporine) or phototherapy □ Yes □ No • What is the percent of body surface area that is affected with Plaque Psoriasis □ Genet than 10% □ Greater than 10% □ StreENGTH DIRECTIONS QUANTITY REFILLS MEDICATION STRENGTH Disnig Requested: □ Fer work (2 vials per 28 days) □ Genet weekly 4 vials per 28 days) □ Goning Capuested: □ Fer Woolerane (2 vials per 28 days) □ Goning Capuested: □ Crohn's Starter Package □ Grew weekly 4 vials per 28 days)	Cyclophosphamide (*	Cytoxan or Neosar)		Cyclosporine (Neoral or Sandimmune)				
• Is the patient currently receiving systemic therapy for psoriatic arthritis (except methotrexate, glucocorticoids, salicylates, non-steroidal anti-inflammatory drugs or analgesics), Immunosuppressive therapy. or Kineret (anakinzy)? Yes No	Minocycline (Minoc	in or Dynacin)		Leflunomide (Arava)				
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Crohn's Disease: • Patient has had an inadequate response to conventional therapy (ex. sulfasalazine, oral mesalamine, corticosteroids, and antibiotics) Yes No Chronic Moderate to Severe Plaque Psoriasis: Patient is 18 years of age or older The patient's disease is controlled with topical therapy Yes No • Patient has failed, has a contraindication, or is intolerant to, but is otherwise a candidate for other systemic therapies (e.g. methotrexate, acitretin, or cyclosporine) or phototherapy Yes No • Patient has failed, has a contraindication, or is intolerant to, but is otherwise a candidate for other systemic therapies (e.g. methotrexate, acitretin, or cyclosporine) or phototherapy Yes No • What is the percent of body surface area that is affected with Plaque Psoriasis Greater than 10% Less than 10% Other: MEDICATION STRENGTH DIRECTIONS QUANTITY REFILLS MEDICATION Starter Package Once weekly (4 vials per 28 days) Once weekly (4 vials per 28 days) if patient is NOT taking concomitant methotrexate. Crohn's Starter Package Once weekly (4 vials per 28 days) if patient is NOT taking concomitant methotrexate.	• Patient is at least 4 years of	age 🗌 Yes 🗌	No						
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Chronic Moderate to Severe Plaque Psoriasis: • Patient is 18 years of age or older • Patient is 18 years of age or older • The patient's disease is controlled with topical therapy • Patient has failed, has a contraindication, or is intolerant to, but is otherwise a candidate for other systemic therapies (e.g. methotrexate, acitretin, or cyclosporine) or phototherapy Yes What is the percent of body surface area that is affected with Plaque Psoriasis Greater than 10% Less than 10% involving sensitive areas or areas that impact daily function (head, neck, palms, soles of feet, genitalia) Other: MEDICATION STRENGTH Dosing Requested: Every other week (2 vials per 28 days) Once weekly (4 vials per 28 days) Once weekly (4 vials per 28 days) Humira® (adalimumab) 40mg Self Injectable Pen Chronic Moderate to Severe Rheumatoid Arthritis; Once weekly dosing (4 vials per 28 days) if patient is NOT taking concomitant methotrexate. Orthoris Disease:	Crohn's Disease:								
• Patient is 18 years of age or older	Patient has had an inadequa	te response to conventional th	erapy (ex. sulfasalazine, oral me	esalamine, corticoster	roids, and antibiotics) Yes	s 🗌 No			
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• Patient has a contraindication, or is intolerant to, but is otherwise a candidate for other systemic therapies (e.g. methotrexate, acitretin, or cyclosporine) or phototherapy Yes • What is the percent of body surface area that is affected with Plaque Psoriasis Greater than 10% Less than 10% involving sensitive areas or areas that impact daily function (head, neck, palms, soles of feet, genitalia) • Other: MEDICATION STRENGTH Dosing Requested: Every other week (2 vials per 28 days) Once weekly (4 vials per 28 days) Groceweekly (4 vials per 28 days) A0mg Self Injectable Pen 40mg Nerfilled Syringe	• Patient is 18 years of age or	older			es 🗌 No				
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Image: Book of the state o			-			-			
Image: Barbon Starter Package	MEDICATION	STRENGTH		DIRECTIONS		QUANTITY	REFILLS		
Image: Crohn's Starter Package Image: Once weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once Weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once Weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once Weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once Weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once Weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once Weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once Weekly (4 vials per 28 days) Image: Crohn's Starter Package Image: Once Weekly Once We			Dosing Requested:						
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Image: Content of the second secon			Once weekly (4 vials per 2	8 days)					
□ 40mg Prefilled Syringe □ Chronic Moderate to Severe Plaque Psoriasis: 80mg one time only as initial		_	For Moderate to Severe Rheumatoid Arthritis: Once weekly dosing (4 vials per 28 days) if patient is NOT taking concomitant methotrexate.						
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		Omg Prefilled Syringe							
PRODUCT SUBSTITUTION PERMITTED(Date)DISPENSE AS WRITTEN(Date)									

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