

US Family Health Plan Pharmacy Program

Cimzia (Certolizumab pegol) Prior Authorization Request Form

This form applies to the US Family Health Plan Mail Order Pharmacy and the US Family Health Plan Retail Pharmacy programs. This form must be completed and signed by the prescriber.

SPECIAL NOTES: Cimzia, Enbrel, Kineret and Simponi are non-formulary (Tier 3) under the DoD Uniform Formulary and carry a higher copay for non-Active duty beneficiaries than Humira and Amevive, which are formulary (Tier 2).

Medical necessity forms are available on the US Family Health Plan Pharmacy website at http://www.usfamilyhealth.org/f-downloadable_forms.html

This form may NOT be used to meet medical necessity requirements.

MAIL ORDER	If the prescription is to be filled through the USFHP Mail Order Pharmacy, check here <input type="checkbox"/>	RETAIL	If the prescription is to be filled at a retail pharmacy, check here <input type="checkbox"/>
	<ul style="list-style-type: none"> The completed form and the prescription may be faxed to 1-617-562-5296 OR The patient may attach the completed form to the prescription and mail it to: Attn: Pharmacy, 77 Warren Street, Brighton, MA 02135 		<ul style="list-style-type: none"> The provider may call: 1-877-880-7007 <li style="text-align: center; padding: 5px 0;">OR The completed form may be faxed to 1-617-562-5296

Step 1 Please complete patient and physician information (Please Print)

Patient Name: _____	Physician Name: _____
Address: _____	Address: _____
Sponsor ID: _____	Phone #: _____
Date of Birth: _____	Secure Fax: _____

Step 2 Please complete the clinical assessment

1. Will the patient be receiving Orenzia (abatacept), Humira (adalimumab), Kineret (anakinra), Enbrel (etanercept), Simponi (golimumab), Remicade (infliximab), or Rituxan (rituximab) in combination with Cimzia?	<input type="checkbox"/> Yes Coverage not approved	<input type="checkbox"/> No Please proceed to Question 2
2. Is Cimzia being prescribed for moderately to severely active Crohn's disease refractory to conventional therapy?	<input type="checkbox"/> Yes Please sign and date. See quantity limits below	<input type="checkbox"/> No Please proceed to Question 3
3. Is Cimzia being prescribed for the treatment of moderately to severely active rheumatoid arthritis?	<input type="checkbox"/> Yes Please sign and date. See quantity limits below	<input type="checkbox"/> No Coverage not approved

Quantity limits: limited to a 4-week supply in retail and an 8-week supply in mail order with a one-time allowance for loading dose at initiation of therapy.

Step 3 I certify the above is correct and accurate to the best of my knowledge. Please sign and date

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Prescriber Signature	Date
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