



Date of Request: _____

Sterling Retiree Rx Prior Authorization Form

ENBREL (Etanercept)

Coverage Criteria / Required Medical Information

Rheumatoid Arthritis/Juvenile Rheumatoid Arthritis - patient must demonstrate inadequate response to at least 1 DMARD or intolerance to 2 DMARDs.

Psoriasis - patient must be a candidate for systemic therapy or phototherapy.

Ankylosing Spondylitis - patient must demonstrate inadequate response or intolerance to a least 2 NSAIDs. If the ankylosing spondylitis is predominantly peripheral arthritis, patient must demonstrate an inadequate response or intolerance to sulfasalazine only.

Reactive Arthritis - patient must demonstrate inadequate response or intolerance to at least 2 of the following, NSAIDs, intra-articular steroid injections, or sulfasalazine, if indicated.

Inflammatory Bowel Disease Arthritis - patient has to be refractory to at least 2 standard therapies.

Exclusion Criteria

Patient must be evaluated for latent TB with a PPD test and be treated if positive. Patients are excluded if they have an active infection or are on a concurrent biologic response modifier. Patient must also be assessed for the risk of hepatitis B and, if appropriate, be tested.

Patient 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

ENBREL	Reason for Request	
Condition/Diagnosis Related		

Clinical Drug/Lab History Pertinent to Request

Labs: Baseline/Ongoing	Strength/Dosage
Please List Alternative Formulary Drugs	

Comments	
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Physicians Signature: _____

Fax Form to 1-877-847-9904