Xeljanz® (tofacitinib) Prior Authorization Form

Physicians Plus

START HERE

Member & Prescriber Information

Member Name:	Prescriber Name:
	Prescriber Specialty:
Member Date of Birth:	Prescriber Phone #:
Member ID #:	Prescriber Fax #:

Criteria

Complete patient specific and condition specific criteria

Submit all pages of tofacitinib criteria for coverage document.

Diagnosis of non-FDA approved indications require condition specific specialist referral and submission of medical record documentation outlining the treatment and follow-up plan.

Current status of patient therapy (check a box)**:**

- ☐ New to tofacitinib therapy
- ☐ Continuing tofacitinib therapy (start date:_____)
- ☐ Primary use in condition that is non-FDA approved

Primary indication being treated:

Drug	Status		
☐ Adalimumab (Humira)	☐ active	☐ inactive	☐ not used
☐ Certolizumab (Cimzia)	☐ active	☐ inactive	☐ not used
☐ Etanercept (Enbrel)	☐ active	☐ inactive	☐ not used
☐ Methotrexate	☐ active	☐ inactive	☐ not used
☐ Azathioprine	☐ active	☐ inactive	☐ not used
☐ Cyclosporine	☐ active	☐ inactive	☐ not used
☐ Prednisone	☐ active	☐ inactive	☐ not used
☐ Infliximab (Remicade)	☐ active	☐ inactive	☐ not used
☐ Abatacept (Orencia)	☐ active	☐ inactive	☐ not used

Choose Regimen

☐ **Xelijanz** 5 mg tablet

Duration of use: _____

Sign/Date & Mail or Fax

Prescriber Signature: _____ **Date:**_____

Prescriber NPI: _____

Mailing Address
Physicians Plus Insurance Corporation
Attn: Pharmacy Services
P.O. Box 2078
Madison WI 53701-2078

Physicians Plus Pharmacy Services Fax:
(608) 327-0324
Prior Authorization Questions?
(608) 260-7803 or (800) 545-5015
www.pplusic.com/providers

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Condition Specific Criteria (Please complete and submit this page as well)

Step 1: Choose primary condition being treated	**Step 2:** Select condition criteria that apply	**Step 3:** Choose all treatment criteria that apply
☐ **Rheumatoid Arthritis**	☐ Moderate to severe disease activity ☐ Adult (>30 years old) ☐ TB skin test negative ☐ No active or prior history of cancer	☐ Must be prescribed by rheumatologist ☐ Patient failed combination therapy with one agent being: ☐ Methotrexate or ☐ Leflunomide ☐ Not currently using azathioprine or cyclosporine ☐ Failed both formulary TNF-inhibitor based biological therapies: (refer to and complete previous page): ☐ Humira (Adalimumab) ☐ Cimzia (Certolizumab)

Remember to sign and date request on previous page before submitting.