

CIGNA

Pharmacy Services

Phone: (800)244-6224

Fax: (800)390-9745

CIGNA HealthCare Prior Authorization Form - Humira (adalimumab) -

Notice: Failure to complete this form in its entirety or include chart notes may result in delayed processing or an adverse determination for insufficient information.

PROVIDER INFORMATION			PATIENT INFORMATION		
* Provider Name:			**Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed**		
Specialty:	* DEA or TIN:				
Office Contact Person:					
Office Phone:					
Office Fax:			* Patient Name:		
* Is your fax machine kept in a secure location? Yes <input type="checkbox"/> No <input type="checkbox"/>			* CIGNA ID:		
* May we fax our response to your office? Yes <input type="checkbox"/> No <input type="checkbox"/>			* Date Of Birth:		
Office Street Address:			* Patient Street Address:		
City	State	Zip	City	State	Zip
Patient Phone:					
Medication requested: <input type="checkbox"/> Humira (adalimumab) 40mg/.8ml kit <input type="checkbox"/> Humira (adalimumab) 40mg/.8ml pen kit Dose and Quantity: _____ Duration of therapy: _____ J-Code: _____					
Where will this medication be obtained? <input type="checkbox"/> CIGNA Tel-Drug (CIGNA's nationally preferred specialty pharmacy) <input type="checkbox"/> Retail pharmacy <input type="checkbox"/> Prescriber's office stock (billing on a medical claim form) <input type="checkbox"/> Home Health / Home Infusion vendor <input type="checkbox"/> Other (please specify): _____					
Please indicate the condition Humira is being used to treat and answer additional questions as necessary. You may include applicable chart notes with this form.					
<input type="checkbox"/>	Anklyosing Spondylitis				
	Additional Question(s)	Does patient have a history of beneficial clinical response to Humira (adalimumab)?	Answer/Detail:		
		Does patient have evidence of failure, intolerance or contraindication to Non-Steroidal Anti-Inflammatory (NSAID) medications?	Answer/Detail:		
<input type="checkbox"/>	Psoriatic Arthritis				
	Additional Question(s)	Does patient have a history of beneficial clinical response to Humira (adalimumab)?	Answer/Detail:		
		Does patient have evidence of failure, intolerance or contraindication to Methotrexate therapy?	Answer/Detail:		
<input type="checkbox"/>	Active Crohn's Disease				
	Additional Question(s)	Does patient have a history of beneficial clinical response to Humira (adalimumab)?	Answer/Detail:		

	Does patient have evidence of failure, intolerance or contraindication, or inadequate response to conventional therapies (such as aminosalicylate, corticosteroids or immunomodulators)?	Answer/Detail:
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Rheumatoid Arthritis or Juvenile Idiopathic Arthritis

What is the patient's diagnosis? ☐ Rheumatoid Arthritis ☐ Juvenile Idiopathic Arthritis

What is the patient's current weight?

Does the patient have a history of beneficial clinical response to Humira therapy?
☐ Yes ☐ No

Please indicate if the patient has had evidence of failure, inadequate response, intolerance or contraindication to any of the following disease-modifying anti-rheumatic drugs (DMARDs). Please check all that apply:

<input type="checkbox"/> Methotrexate	<input type="checkbox"/> Azathioprine	<input type="checkbox"/> Gold	<input type="checkbox"/> Hydroxychloroquine
<input type="checkbox"/> Penicillamine	<input type="checkbox"/> Sulfasalazine	<input type="checkbox"/> Other (please specify):	

Which of the following methods was used to measure the patient's disease progression **PRIOR** to therapy on Humira? (Check all that apply):

☐ Health Assessment Questionnaire Disease Index (HAQ-DI)
☐ Likert scales of global response to pain by the patient/doctor
☐ Clinical Disease Activity Index (CDAI)
☐ Progression of radiographic damage of involved joints
☐ Disease Activity Score based on 28-joint evaluation (DAS28) score
☐ Other (please specify) :

☐ Visual Analogue scale (VAS)
☐ Global Arthritis Score (GAS)
☐ Simplified Disease Activity Index (SDAI)
☐ Disease Activity Scale (DAS) score
☐ Disease Activity Scale (DAS) score

If this is a request for **CONTINUED THERAPY** (after at least 16 weeks of treatment), has the patient shown beneficial response to treatment with Humira on any of the following measurements? (Check all that showed a beneficial response to Humira therapy):

<input type="checkbox"/> Health Assessment Questionnaire Disease Index (HAQ-DI)	<input type="checkbox"/> Visual Analogue scale (VAS)
<input type="checkbox"/> Likert scales of global response to pain by the patient/doctor	<input type="checkbox"/> Global Arthritis Score (GAS)
<input type="checkbox"/> Clinical Disease Activity Index (CDAI)	<input type="checkbox"/> Simplified Disease Activity Index (SDAI)
<input type="checkbox"/> Disease Activity Scale (DAS) score	
<input type="checkbox"/> Disease Activity Score based on 28-joint evaluation (DAS28) score	<input type="checkbox"/> Disease Activity Scale (DAS) score
<input type="checkbox"/> Other (please specify) :	

Additional pertinent information:

Chronic Plaque Psoriasis

Does patient have a history of beneficial clinical response to Humira (adalimumab)? ☐ Yes ☐ No

☐ Is the patient a candidate for, or have they previously received, systemic therapy (Methotrexate, cyclosporin, soriatane)? ☐ Yes ☐ No

Is the patient a candidate for, or have they previously received, phototherapy (Narrow and Broad Band UVB, PUVA)?
☐ Yes ☐ No

Other (Please specify diagnosis and any additional applicable information)

☐

CIGNA HealthCare's coverage position on this and other medications may be viewed online at:
http://www.cigna.com/customer_care/healthcare_professional/coverage_positions

Please fax completed form to (800)390-9745. Phone requests may be submitted by calling (800)244-6224.

Our standard response time for prescription drug coverage requests is 2-4 business days. If your request is urgent, it is important that you call Pharmacy Services to expedite the request. View our formulary on line at <http://www.cigna.com>.

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