

MedStar Medicare Choice Pharmacy Services Phone: 855-266-0712

Fax: 855-862-6517

Revised: 10/2016

			Pric	CIMZ or Authoriz		n Form					
standard Request (72 hours) he Expedited Request (24 hours) yo		If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can request an expedited decision. For expedited requests you will receive a decision within 24 hours. You cannot request an expedited coverage determination if you are requesting reimbursement for a drug you already received.									
				Demogra	aph	ics					
Patio	ent Infor	mation					Prescriber	Informatio	on		
Patient Name:				P	reso	criber Name): :				
DOB:		,	Age:		NPI#:			Specialty:			
Health Plan ID#:		1			Phone:			Fax:			
Pharmacy Name:		Pharma	Pharmacy Phone		Office Contact:			Direct Phone # or Ext:			
			Med	dication Ir	nfoi	rmation					
Medication:	Stren	gth:		Directions:	ПО	mation	Quantity Dis	pensed:	Day Supply:		
Cimzia											
□ New medication□ Continuation of therapy	Start	Start Date:		If this is continuation of therapy, please provid indicating the member showed improvement w							
			=	Billing Info	rm	ation					
☐ Billed by PHARMACY dispensed to member <i>or</i> provider for administration.			J CO	DE: 10 Code:	MEDICAL benefit by provider.			Place of Administration: Physician's Office Hospital/Clinic Patient Home			
			С	linical Info							
D Rheumatoid Arthritis	iagnosis	5		ls the □ Ye		ember's dise □ No	ease currently	active?			
□ Psoriatic Arthritis				□ Ye		□ No					
□ Crohn's Disease				□ Ye	:S	□ No					
☐ Ankylosing Spondyl	itis			□ Do	min	□ No ant Axial ant Periphe	ral				
☐ Mild ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	PPD (tub Positive Negative	Э	C	ombination v	with	Cimzia?	g another TNI □ Yes	□ No	g or biologic agent in		

Medication	ankylosing s				f-administered for RA,
Medication	Start Date	pondylitis, or End Date	r psoriatic art Strength	hritis).** Frequency	Reason for Discontinuin
Methotrexate	Guii i Buio		ou on gui	requeries	
Hydroxychloroquine					
Leflunomide					
Sulfasalazine					
Azathioprine					
6-Mercaptopurine					
ENBREL**					
HUMIRA**					
Corticosteroids					
provide names):					
,					
Other (provide names):					
,					
Please provide any add	ditional inform	nation whic	h should be	e considere	d in the space below

Revised: 10/2015