

**RHEUMATOID ARTHRITIS/PSORIASIS
(ENBREL®)
STEP THERAPY AUTHORIZATION
PHYSICIAN FAX FORM**



FirstPlan of Minnesota - Providing comprehensive coverage in your community since 1944.

ONLY the prescriber may complete this form.

The following documentation is **REQUIRED**. Incomplete forms will be returned for additional information. For formulary information, please visit the FirstPlan web site at www.firstplan.org.

Today's Date: _____

PATIENT INFORMATION

Patient Name (First):	Last:	M:	DOB (mm/dd/yy):	Patient Telephone Number:
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HEALTH PLAN INFORMATION

FirstPlan ID Number:	Group Number:
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PHYSICIAN/CLINIC INFORMATION

Prescriber Name:	Physician NPI#:	Specialty:	Contact Name:
Clinic Name:	Clinic Address:		
City, State, Zip:	Phone #:	Secure Fax #:	

PLEASE ATTACH ANY ADDITIONAL INFORMATION THAT SHOULD BE CONSIDERED WITH THIS REQUEST

Patient's Diagnosis: _____

Medication Requested: _____

- Is the patient currently treated with the requested medication? Yes No
If yes, when was treatment with the requested medication started? _____
- If the patient is currently prescribed the requested medication, has the treatment been beneficial in achieving remission of the disease or decreasing symptom severity? Yes No
- For renewal of Amevive, has there been a minimum of 12 weeks since the end of the previous course of Amevive? Yes No
- Please list all other medications the patient is **currently taking** for treatment of this diagnosis. _____

- Please list all medications the patient has **previously tried and failed** for treatment of this diagnosis. (Please specify if the patient has tried brand-name products, generic products or over-the-counter products.) _____

- If the patient has been previously treated with another biologic (Enbrel, Humira, Kineret, Amevive, Raptiva, Orenicia, Remicade, or Rituxan), will this drug be discontinued before the requested medication is started? Yes No
- Please include any additional information that should be considered with this review. _____

Please fax or mail this form to:
Prime Therapeutics LLC
Clinical Review Department
1020 Discovery Road, No. 100
Eagan, Minnesota 55121

TOLL FREE

Fax: 877.480.8130 Phone: 866.202.3474

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