



**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:			* Patient Name:		
Office Phone:			* CIGNA ID:		
Office Fax:			* Date Of Birth:		
* Is your fax machine kept in a secure location?      Yes <input type="checkbox"/> No <input type="checkbox"/>			* Patient Street Address:		
* May we fax our response to your office?              Yes <input type="checkbox"/> No <input type="checkbox"/>					
Office Street Address:			City	State	Zip
City	State	Zip	Patient Phone:		
<b>Medication requested:</b>					
<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:	
<b>Where will this medication be obtained?</b>					
<input type="checkbox"/> CIGNA Tel-Drug ( <i>CIGNA's nationally preferred specialty pharmacy</i> ) <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):					
<b>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.</b>					
<b>Anklyosing Spondylitis</b>					
<input type="checkbox"/>	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:	
<b>Psoriatic Arthritis</b>					
<input type="checkbox"/>	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:	
<b>Active Crohn's Disease</b>					
<input type="checkbox"/>	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:

- Methotrexate                       Azathioprine                       Gold                       Hydroxychloroquine  
 Penicillamine                       Sulfasalazine                       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)                       Visual Analogue scale (VAS)  
 Likert scales of global response to pain by the patient/doctor                       Global Arthritis Score (GAS)  
 Clinical Disease Activity Index (CDAI)                       Simplified Disease Activity Index (SDAI)  
 Progression of radiographic damage of involved joints                       Disease Activity Scale (DAS) score  
 Disease Activity Score based on 28-joint evaluation (DAS28) score                       Disease Activity Scale (DAS) score  
 Other (please specify) :

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):

- Health Assessment Questionnaire Disease Index (HAQ-DI)                       Visual Analogue scale (VAS)  
 Likert scales of global response to pain by the patient/doctor                       Global Arthritis Score (GAS)  
 Clinical Disease Activity Index (CDAI)                       Simplified Disease Activity Index (SDAI)  
 Disease Activity Scale (DAS) score  
 Disease Activity Score based on 28-joint evaluation (DAS28) score                       Disease Activity Scale (DAS) score  
 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](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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