P.O. Box 30192
Salt Lake City, UT 84130-0192
801-442-4912 or 800-442-3129
Fax 801-442-3006

selecthealth

PREAUTHORIZATION FORM

Orencia™
(abatacept)

Therapeutic use: reducing signs and symptoms, inducing major clinical response, slowing the progression of structural damage, and improving physical function in adult patients with moderately to severely active RA who had an inadequate response to one or more disease-modifying anti-rheumatic drugs (DMARDs).
Quantity Limit:
IV: 500 mg up to 1 gram depending on weight and 2 and 4 weeks after the first dose, then every 4 weeks.
SubQ; 125mg weekly
Authorization Period: 12 months

Patient's name _____

Patient's ID# ☐☐☐ ☐☐ ☐☐☐☐ DOB ☐☐/☐☐/☐☐☐☐

ICD-9 ☐☐☐ ☐☐ ☐☐☐ ☐☐ _____

Physician's name_____

Physician's Ph# (☐☐☐) ☐☐☐-☐☐☐☐ Fax# ☐☐☐-☐☐☐☐

Physician's signature_____ Date signed ☐☐/☐☐/☐☐☐☐

Supervising Physician's name_____ (Required if requesting provider is a nurse practitioner or physician assistant)

❑ Intravenous ❑ Subcutaneous

Please check "Yes" or "No" and respond to the following requests:			
1.	Has the adult patient been diagnosed with moderate to severe active RA (meeting the American College of Rheumatology criteria)?	❑ Yes	❑ No
2.	Is the prescribing physician a rheumatologist? If no, has the patient consulted a rheumatologist who recommended this treatment?	❑ Yes	❑ No
3.	Does the patient have persistent active disease and been treated for three months (less, if therapy discontinued due to complications) with one of the treatments listed below? a) Methotrexate>15 mg/week b) Leflunomide 100 mg daily on days 1-3, then 10-20 mg po qd c) Hydroxychloroquine 200 mg po bid for at least three months d) Sulfasalazine 1 g po bid-tid e) Injectable gold salts>25 mg im q2-4 weeks f) Oral gold 3 mg po qd-bid g) Azathioprine> 50 mg po h) D-penicillamine > 250 mg po qd i) Cyclosporine > 2.5 mg/kg/day po	❑ Yes	❑ No
4.	Has the patient failed treatment with a TNF antagonist (Enbrel, Remicade, or Humira)?	❑ Yes	❑ No

This form is intended for SelectHealth members only. All requests for preauthorization should be sent via fax to 1-801-442-3006. Missing, inaccurate, or incomplete information may cause a delay or denial of authorization.

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