Amerigroup
An Anthem Company

https://providers.amerigroup.com/TX

Xeljanz (tofacitinib) Prior Authorization of Benefits (PAB) Form

CONTAINS CONFIDENTIAL PATIENT INFORMATION
Complete form in its entirety and fax to: Prior Authorization of Benefits Center at 1-844-474-3341.

1. Patient information	**2. Physician information**
Patient name: _____	Prescribing physician: _____
Patient ID #: _____	Physician address: _____
Patient DOB: _____	Physician phone #: _____
Date of Rx: _____	Physician fax #: _____
Patient phone #: _____	Physician specialty: _____
Patient email address: _____	Physician DEA: _____
	Physician NPI #: _____
	Physician email address: _____

3. Medication	**4. Strength**	**5. Directions**	**6. Quantity per 30 days**
Xeljanz (tofacitinib)	_____	_____	Specify: _____

7. Diagnosis: _____

8. Approval criteria: (Check all boxes that apply. Note: Any areas not filled out are considered not applicable to your patient and may affect the outcome of this request.)

□ Yes □ No	Patient has had a diagnosis of rheumatoid arthritis in the last 730 days.
□ Yes □ No	Patient has had one claim for methotrexate in the last 730 days.
□ Yes □ No	Patient has a history of inadequate response or intolerance to methotrexate.
□ Yes □ No	Patient has had one claim for a biological disease-modifying antirheumatic drug (DMARD) or potent immunosuppressant in the last 60 days. (PLEASE NOTE: Biological DMARD or potent immunosuppressants are: Arava, Astagraf XL, azathioprine, azulfidine, Cellcept, cyclosporine, cyclosporine modified, Gengraf, hydroxychlorquine, Imuran, leflunomide, methotrexate, mycophenolate, mycophenolic acid, Neoral, Otrexup, Plaquenil, sandimmune, sulfasalazine, tacrolimus, Trexall and Xatmep.)
□ Yes □ No	Patient has had one claim for a strong CYP3A4 inducer in the last 60 days. (PLEASE NOTE: Strong CYP3A4 inducers are: Actoplus Met, Actoplus Met XR, Actos, Aptiom, Atripla, bexarotene, carbamazepine, carbamazepine ER, Carbatrol, Dilantin, Duetact, Epitol, Equetro, Intelence, Lysodren, Modafinil, Mycobutin, Mysoline, neviraprine, Orkambi, Oseni, phenobarbital, phenytek, phenytoin, pioglitazone HCL, pioglitazone-glimepiride, pioglitazone-metformin, Priftin, Primidone, Provigil, rifabutin, Rifadin, Rifamate, Rifampin, Rifater, Sustiva, Tafinlar, Tegretin, Tegretol, Tracleer, Viramune and Xtandi.)

□ Yes	□ No	Patient has had a serious active infection (including hepatitis B virus and/or tuberculosis) in the last 180 days.
□ Yes	□ No	Patient has failed a 30-day treatment trial with at least one preferred agent(s) within the past 180 days. (PLEASE NOTE: The preferred agents include Enbrel and Humira.)
□ Yes	□ No	Patient has a documented allergy or contraindication to preferred agents in this class. (PLEASE NOTE: The preferred agents include Enbrel and Humira.)
□ Yes	□ No	Does the client have a diagnosis of psoriatic arthritis in the last 730 days?
□ Yes	□ No	Does the client have a diagnosis of moderate to severely active ulcerative colitis in the last 730 days?
□ Yes	□ No	Patient is being treated for stage-four advanced, metastatic cancer and associated conditions.

For the Texas Medicaid *Preferred Drug List*, please refer to the Texas Medicaid Vendor Drug Program website at: **http://www.txvendordrug.com/formulary/preferred-drugs.shtml**.

9. Physician signature

Prescriber or authorized signature	Date

Prior Authorization of Benefits is not the practice of medicine or the substitute for the independent medical judgment of a treating physician. Only a treating physician can determine what medications are appropriate for a patient. Please refer to the applicable plan for the detailed information regarding benefits, conditions, limitations and exclusions. The submitting provider certifies that the information provided is true, accurate and complete and the requested services are medically indicated and necessary to the health of the patient.

Note: Payment is subject to member eligibility. Authorization does not guarantee payment.