

# REMICADE PRIOR REVIEW FAXBACK FORM

PRESCRIBER INFORMATION		PATIENT INFORMATION	
PRESCRIBER NAME	PROVIDER ID/TAX ID <i>(if out of state must have tax ID)</i>	PATIENT NAME	
CONTACT PERSON		BCBSNC ID	
PRESCRIBER PHONE	PRESCRIBER FAX	DATE OF BIRTH	
PRESCRIBER ADDRESS	CITY	STATE	ZIP

- Will the patient be receiving treatment with more than one biologic rheumatoid arthritis agent (Enbrel, Humira, Kineret, Remicade, Orenzia or Rituxan) at the same time? .....  Yes  No
- Please check the appropriate diagnosis and answer the corresponding questions:
  - Fistulizing or moderate to severe Crohn's disease
  - Moderate to severe psoriatic arthritis (PsA)
  - Rapidly progressive or moderate to severe rheumatoid arthritis
  - Ankylosing spondylitis *(please check a. and b.)*
    - Has the patient experienced inadequate symptom relief from at least one conventional drug therapy such as NSAIDS, COX-II inhibitors or methotrexate?..  Yes  No
    - If **NO**, is the patient unable to receive NSAIDS, COX-II inhibitors or methotrexate?.....  Yes  No
  - Severe plaque psoriasis *(affecting more than 10% of patient's body surface area)*
  - Moderate to severe ulcerative colitis
  - Mild ulcerative colitis *(please check a. and b.)*
    - Has the patient experienced inadequate symptom relief from conventional drug therapy such as aminosolicylates, corticosteroids or immunosuppressants?.....  Yes  No
    - If **NO**, is the patient unable to receive aminosalicylates, corticosteroids or immunosuppressants? .....  Yes  No
- Please indicate whether or not the patient has either of the following conditions:
  - Congestive heart failure (Class III or IV).....  Yes  No
  - Untreated active or latent tuberculosis .....  Yes  No

I certify that the above information is accurate and **is documented in the medical record.**  
 Prescriber's Signature Required: \_\_\_\_\_ Date \_\_\_\_\_

If treatment is approved, the coverage duration is 5 years.

**For BCBSNC members, fax form to 1-800-795-9403**  
**For NC State Health Plan members, fax form to 1-866-225-5258**

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