Blue Cross Blue Shield Blue Care Network of Michigan

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Blue Cross Medicare Plus Blue℠ PPO and BCN Advantage℠ Medication Authorization Request Form ORENCIA® (Abatacept) J0129

The most efficient way to request authorization is to use the NovoLogix® system. To access NovoLogix, visit bcbsm.com/providers and log in to Provider Secured Services. Click the link for Medical Prior Authorization. As an alternative, you can use this form to request authorization. Complete this form and fax to 1-866-392-6465. If you have any questions regarding this process, contact the Pharmacy Clinical Help Desk at 1-800-437-3803.

PATIENT INFORMATION	PHYSICIAN INFORMATION
Name	**Name**
ID Number	**Specialty**
Date of birth ☐Male ☐Female	**Address**
Diagnosis (include ICD-10)	**City /State/Zip**
Drug Name	**Phone:** ( ) - **Fax:** ( ) -
Dose and Quantity	**NPI**
Directions	**Contact Person**
Date of Services	**Contact Person's Phone / Ext.**

STEP 1: DISEASE STATE INFORMATION

1. How is this medication being administered? ☐ Self-administered ☐ Health Care Professional administered
2. Is this an initial request or continuation of therapy with Orencia®?
   ☐ Initial request ☐ Continuation. Please specify date of last injection _____
3. Is the patient being seen by a rheumatologist or dermatologist?
   ☐ Yes ☐ No, Please provide Specialty: _____
4. What is the patient's diagnosis?
   ☐ Moderate to Severe Active Rheumatoid Arthritis (RA) ☐ Active Polyarticular Systemic Juvenile Idiopathic Arthritis
   ☐ Adult Psoriatic Arthritis (PA) ☐ Other, please provide the patient's diagnosis _____
5. Did the patient have at least a 3- month trial with an oral disease modifying anti-rheumatic drug (DMARD); such as methotrexate, hydroxychloroquine, sulfasalazine?
   ☐ Yes. Please list the name of oral DMARD patient tried _____
   ☐ No. Please explain _____
6. Which of the following biologic medications has the patient tried and failed?
   ☐ Remicade® ☐ Infliximab biosimilars such as Inflectra®, Renflexis®, or Avsola™ ☐ Other. Please specify _____
7. Will Orencia® be used with a Tumor Necrosis Factor (TNF) antagonist (such as Cimzia®, Enbrel®, Humira®, Remicade®, or Simponi®)? ☐Yes ☐No
8. **Continuation Request:** How did the patient respond to therapy? Please check all that apply:
   ☐ Improvement in swollen joints compared to baseline ☐ Improvement in pain compared to baseline
   ☐ Improvement in tender joints compared to baseline ☐ Improvement in activities of daily living compared to baseline
   ☐ Improvement in morning stiffness compared to baseline ☐ Clinically stable
   ☐ Other, please specify _____
9. *Please attach any chart notes or additional documentation and submit to plan (required).*

Coverage won't be provided if the prescribing physician's signature and date aren't reflected on this document.

☐ Request for expedited review: I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member's ability to regain maximum function

Physician's Name **Physician's Signature** **Date**

Step 2: Checklist	☐ Form Completely Filled Out ☐ Attached Chart Notes	☐ Concurrent Medical Problems ☐ Prior Therapies
Step 3: Submit	**Fax the completed form to 1-866-392-6465**	