



SCOTT & WHITE
PRESCRIPTION SERVICES

Phone: (800) 728-7947
Fax: (254)774-1623

Date: _____

To: _____ Fax Number: _____

Re: Member Name: _____ Date of Birth: _____

The Scott and White Pharmacy and Therapeutics Committee has chosen the following coverage criteria for Orenzia®. Please complete the following section(s):

1. Is Orenzia being prescribed by a Rheumatologist?	<input type="checkbox"/> Yes Please proceed to question 2	<input type="checkbox"/> No Coverage not approved
2. Has the patient failed methotrexate?	<input type="checkbox"/> Yes Please proceed to question 3	<input type="checkbox"/> No Coverage not approved
3. Has the patient failed at least one anti-tumor necrosis factor (anti-TNF) agent (e.g. Humira, Enbrel, or Remicade)?	<input type="checkbox"/> Yes Please proceed to the next section.	<input type="checkbox"/> No Coverage not approved

Physician Signature: _____

Address: _____

Phone: _____ Fax: _____

Lack of the necessary documentation may result in a medical necessity denial. Requesting providers may speak to the SWHP medical director at 1-888-316-7947 regarding the case to have an opportunity to help impact the decision on a request before coverage has been decided

Please fax, where applicable, the additional requested information for review for coverage determination to (254) 774-1623.

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