Remicade

Biologic Response Modifiers (BRMs) for the Treatment of Rheumatoid Arthritis (RA) and Other Chronic Inflammatory Diseases
Medical Policy - RX501.051

Please complete all appropriate questions fully.

Suggested medical record documentation:
- Current History & Physical
- Peer-Reviewed Literature (for Off-Label Uses)

*Failure to include suggested medical record documentation may result in delay or possible denial of request.

PATIENT INFORMATION
Name:  Member ID  Group ID

PROCEDURE INFORMATION
Based on Diagnosis, complete the appropriate Section:
- Crohn’s Disease - Section A
- Rheumatoid Arthritis (RA) - Section B
- Ankylosing Spondylitis or Psoriatic Arthritis - Section C
- Ulcerative Colitis - Section D (Addendum D)
- Chronic Severe Plaque Psoriasis - Section E
- All other uses - Section F

Section A – Crohn’s Disease
- Patient has moderately to severely active Crohn’s disease: Yes _____ No _____
- Patient has fistulizing Crohn’s disease: Yes _____ No _____
- Patient had an inadequate response to conventional therapy: Yes _____ No _____
- If yes, please provide additional information below, If additional space is needed, please attach to form.
  Conventional Therapy:
  Response:

Section B – Rheumatoid Arthritis
- Patient has moderately to severely active rheumatoid arthritis: Yes _____ No _____
- Remicade will be given in combination with Methotrexate: Yes _____ No _____
- If no, please explain why patient is not taking Methotrexate:

Section C – Ankylosing Spondylitis or Psoriatic Arthritis
- Patient is refractory to conventional therapy: Yes _____ No _____
- If yes, please provide additional information below, If additional space is needed, please attach to form.
  Conventional Therapy:
  Response:

Section D – Ulcerative Colitis
- Patient has moderately to severely active ulcerative colitis: Yes _____ No _____
- Patient had an inadequate response to conventional therapy: Yes _____ No _____
- If yes, please provide additional information below, If additional space is needed, please attach to form.
  Conventional Therapy:
  Response:
Section E – Chronic Severe Plaque Psoriasis

- Patient has extensive and or disabling plaque psoriasis: Yes _____ No _____
- Other systemic therapies are medically less appropriate: Yes _____ No _____
- If yes, please provide additional information below, If additional space is needed, please attach to form.
  Conventional Therapy:
  _______________________________________________________________________
  Response: ___________________________________________________________________

Section F – All other uses

- Indication:
  _______________________________________________________________________

Revised 04/2009