



# ORENCIA (abatacept)

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## SPECIALTY PHARMACY PRIOR AUTHORIZATION REQUEST FORM

9. Has Hepatitis B been ruled out or treatment initiated? Y N
10. Does patient have other active infection (chronic or localized)? Y N
11. Does patient have COPD? Y N
12. If patient has COPD, will patient be monitored for COPD exacerbation? Y N
13. Is patient currently on therapy with the Biologic Response Modifier being prescribed (Enbrel, Humira, Kineret, Oencia, Remicade or Rituxan)? Y N

[If the answer is yes, skip to question 16.]

14. Has patient tried or had an insufficient response to synthetic Disease Modifying Anti-Rheumatic Drug (DMARD)? Y N

If no, please document clinical reason for not trying a DMARD. \_\_\_\_\_

15. If yes, please document the DMARD and the length of therapy that the patient has tried or had insufficient response to: \_\_\_\_\_

16. Was patient compliant with therapy? Y N

17. Has dose/route been optimized without adequate response? Y N

18. If patient has not tried/failed a DMARD, what is the clinical reason? \_\_\_\_\_

Answer the question below only if patient is currently receiving Enbrel, Humira, Kineret, Oencia, Remicade or Rituxan.

19. Is the prescribed medication the same as the Biologic Response Modifier (BRM) that the patient is currently on? Y N

[If yes, skip to question 22.]

20. What is the current Biologic Response Modifier?

Enbrel  Humira  Kineret  Remicade  Rituxan

21. Will current Biologic Response Modifier be discontinued if Oencia is approved? Y N

22. If patient is currently on Oencia, has the RA improved? Y N

23. If RA has not improved, what is the reason for the lack of improvement? \_\_\_\_\_

**Comments:**

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*I affirm that the information given on this form is accurate as of this date.*

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**Prescriber (or Authorized) Signature and Date::**