

Enbrel® (etanercept) Insurance Verification Form: Dermatology

Insurance Verification Only?

Need only complete the Patient and Insurance Information sections.

Physician Office: Please complete this form and fax to 1-877-433-7648. Upon completion of research, a form with the results will be faxed to the office. The information supplied may be shared with specialty pharmacies or other providers.

Patient Information

FIRST NAME	MIDDLE	LAST	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PHYSICIAN'S NAME		
DOB	SSN #			NPI #	TAX ID #	STATE LICENSE #
ADDRESS				PHYSICIAN'S FACILITY NAME		
CITY / STATE / ZIP				ADDRESS		
PRIMARY PHONE		SECONDARY PHONE		CITY / STATE / ZIP		
ALTERNATE CONTACT AND RELATIONSHIP				OFFICE CONTACT	PHONE	FAX

Insurance Information (Please fax copy of front AND back of insurance card(s) OR provide the information below.)

PRIMARY	PRESCRIPTION CARD or SECONDARY
INSURANCE COMPANY	INSURANCE COMPANY
INSURER PHONE	INSURER PHONE
POLICYHOLDER NAME	POLICYHOLDER NAME
POLICYHOLDER EMPLOYER	POLICYHOLDER EMPLOYER
POLICY #	POLICY #
GROUP #	GROUP #
DOB	SSN #
	BIN #

Diagnosis (CHECK ALL THAT APPLY)

<input type="checkbox"/> PSORIASIS (696.1)	BODY SURFACE AREA AFFECTED _____ %	DATE OF DIAGNOSIS _____
<input type="checkbox"/> PSORIATIC ARTHRITIS (696.0)	<input type="checkbox"/> OTHER DIAGNOSIS _____	YEARS WITH DISEASE _____
		PPD TEST DATE AND RESULTS _____

Prior Treatment History (Please include all relevant history.) DURATION OF TREATMENT

<input type="checkbox"/> TOPICALS (LIST): _____	MEDICAL JUSTIFICATION FOR PRESCRIBING ENBREL THERAPY (OR INCLUDE CHART NOTES AND LAB RESULTS): <input type="checkbox"/> NO RESPONSE TO PREVIOUS TREATMENT (LIST): _____ <input type="checkbox"/> CONTRAINDICATIONS (LIST): _____ <input type="checkbox"/> SIDE EFFECTS, LAB ABNORMALITIES, TOXICITY ISSUES: _____ <input type="checkbox"/> LIFESTYLE ISSUES: _____ <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> PREFERRED SPECIALTY PHARMACY: PHARMACY NAME: _____ PHARMACY PHONE: _____
<input type="checkbox"/> PUVA: _____	
<input type="checkbox"/> UVB: _____	
<input type="checkbox"/> METHOTREXATE: _____	
<input type="checkbox"/> CYCLOSPORINE: _____	
<input type="checkbox"/> ORAL RETINOIDS (eg, SORIATANE® (acitretin), ACCUTANE® (isotretinoin): _____	
<input type="checkbox"/> OTHER BIOLOGICS (LIST): _____	
<input type="checkbox"/> SULFASALAZINE: _____	
<input type="checkbox"/> OTHER (INDICATE): _____	

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Prescription

PATIENT THERAPY STATUS: NEW CONTINUING THERAPY RESTART CHANGING THERAPY DRUG ALLERGIES _____

<input type="checkbox"/> ENBREL Strength: 50 mg/mL prefilled syringe	SIG/Directions: #8 50 mg SC twice weekly (72-96 hours apart) for 3 months, thereafter: #4 50 mg SC weekly.	Refills # _____
<input type="checkbox"/> ENBREL Strength: 50 mg/mL prefilled syringe	SIG/Directions: #4 prefilled syringes; 50 mg SC once weekly.	Refills # _____
<input type="checkbox"/> ENBREL Strength: 25 mg/0.5 mL prefilled syringe	SIG/Directions: #8 prefilled syringes; 25 mg SC twice weekly, 72-96 hours apart.	Refills # _____
<input type="checkbox"/> ENBREL Strength: 25 mg/0.5 mL prefilled syringe	SIG/Directions: #4 prefilled syringes; 25 mg SC once weekly.	Refills # _____
<input type="checkbox"/> ENBREL Strength: 25 mg multiuse vial	SIG/Directions: #8 vials; 25 mg SC twice weekly, 72-96 hours apart.	Refills # _____
<input type="checkbox"/> ENBREL Strength: 25 mg multiuse vial	SIG/Directions: #4 vials; 25 mg SC once weekly.	Refills # _____
<input type="checkbox"/> ENBREL Strength: 50 mg/mL SureClick® autoinjector	SIG/Directions: #8 50 mg SC twice weekly (72-96 hours apart) for 3 months, thereafter: #4 50 mg SC weekly.	Refills # _____
<input type="checkbox"/> ENBREL Strength: 50 mg/mL SureClick® autoinjector	SIG/Directions: #4 SureClick® autoinjector; 50 mg SC once weekly.	Refills # _____

I certify that ENBREL therapy is necessary for this patient. I will be supervising the patient's treatment accordingly.

PHYSICIAN'S SIGNATURE (REQUIRED TO PROCESS PRESCRIPTION) **X** _____ DATE _____

Please see Important Safety Information on back of form and accompanying Prescribing Information and Medication Guide.

This verification of benefits is not a guarantee of payment by the payor. This verification cannot take the place of written policy information from the payor.

ENBREL is indicated for reducing signs and symptoms, inducing major clinical response, inhibiting the progression of structural damage, and improving physical function in patients with moderately to severely active rheumatoid arthritis. ENBREL can be initiated in combination with methotrexate (MTX) or used alone.

ENBREL is indicated for reducing signs and symptoms of moderately to severely active polyarticular juvenile idiopathic arthritis in patients ages 2 and older.

ENBREL is indicated for reducing signs and symptoms, inhibiting the progression of structural damage of active arthritis, and improving physical function in patients with psoriatic arthritis. ENBREL can be used in combination with methotrexate in patients who do not respond adequately to methotrexate alone.

ENBREL is indicated for reducing signs and symptoms in patients with active ankylosing spondylitis.

ENBREL is indicated for the treatment of adult patients (18 years or older) with chronic moderate to severe plaque psoriasis who are candidates for systemic therapy or phototherapy.

Important Safety Information

Risk of Serious Infections

Infections, including serious infections leading to hospitalization or death, have been observed in patients treated with ENBREL. Infections have included bacterial sepsis and tuberculosis. Patients should be educated about the symptoms of infection and closely monitored for signs and symptoms of infection during and after treatment with ENBREL. Patients who develop an infection should be evaluated for appropriate antimicrobial treatment and, in patients who develop a serious infection, ENBREL should be discontinued.

Tuberculosis (frequently disseminated or extrapulmonary at clinical presentation) has been observed in patients receiving TNF-blocking agents, including ENBREL. Tuberculosis may be due to reactivation of latent tuberculosis infection or to new infection. Data from clinical trials and preclinical studies suggest that the risk of reactivation of latent tuberculosis infection is lower with ENBREL than with TNF-blocking monoclonal antibodies. Nonetheless, postmarketing cases of tuberculosis reactivation have been reported for TNF blockers, including ENBREL. Patients should be evaluated for tuberculosis risk factors and be tested for latent tuberculosis infection prior to initiating ENBREL and during treatment. Treatment of latent tuberculosis infection should be initiated prior to therapy with ENBREL. Treatment of latent tuberculosis in patients with a reactive tuberculin test reduces the risk of tuberculosis reactivation in patients receiving TNF blockers. Some patients who tested negative for latent tuberculosis prior to receiving ENBREL have developed active tuberculosis. Physicians should monitor patients receiving ENBREL for signs and symptoms of active tuberculosis, including patients who tested negative for latent tuberculosis infection.

Many of these serious infections occurred in patients predisposed to infection because of concomitant immunosuppressive therapy and/or their underlying disease. Do not start ENBREL in the presence of sepsis, active infections (including chronic or localized), or allergy to ENBREL or its components. Use caution in patients predisposed to infection, such as those with advanced or poorly controlled diabetes.

Neurologic Events

TNF inhibitors, including ENBREL, have been associated with rare cases of new onset or exacerbation of CNS demyelinating disorders (some presenting with mental status changes and some associated with permanent disability). Transverse myelitis, optic neuritis, multiple sclerosis, and cases of new onset or exacerbation of seizure disorders have been observed in association with ENBREL therapy. The causal relationship to ENBREL therapy remains unclear. Exercise caution when considering ENBREL for patients with these disorders.

Hematologic Events

Rare cases of pancytopenia, including aplastic anemia, some fatal, have been reported. The causal relationship to ENBREL therapy is unclear. Exercise caution in patients who have a previous history of significant hematologic abnormalities. Advise patients to seek immediate medical attention if they develop signs or symptoms of blood dyscrasias or infection. Consider discontinuing ENBREL if significant hematologic abnormalities are confirmed.

Malignancies

In clinical trials of all TNF inhibitors, more cases of lymphoma were seen compared to control patients. The risk of lymphoma may be up to several-fold higher in RA and psoriasis patients; the role of TNF inhibitors in the development of malignancies is unknown. In clinical trials, the incidence of malignancies other than lymphoma has not increased with exposure to ENBREL and is similar to what would be expected in the general population.

Hepatitis B Reactivation

TNF inhibitors, including ENBREL, have been associated with reactivation of hepatitis B virus (HBV) in chronic carriers of this virus. The majority of these reports occurred in patients on concomitant immunosuppressive agents, which may also contribute to HBV reactivation. Prescribers should exercise caution in prescribing TNF blockers for patients identified as carriers of HBV.

Adverse Events

The most commonly reported adverse events in RA clinical trials were injection site reaction, infection, and headache. In clinical trials of all other adult indications, adverse events were similar to those reported in RA clinical trials. In a JIA study, infection, headache, abdominal pain, vomiting, and nausea occurred more frequently than in adult RA patients in placebo-controlled trials. The types of infections reported in JIA patients were generally mild and consistent with those commonly seen in outpatient pediatric populations.

Please see accompanying Prescribing Information and Medication Guide.