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Grand Valley Health Plan
ENBREL™ ENROLLMENT- Arthritis

Patient Information

Date: _____ Patient SS# _____ Male Female
 Patients first name _____ Patient's last name _____
 Address _____
 Home Phone _____ Work Phone _____ Cell Phone _____
 DOB _____ Weight _____ kgs or lbs (circle one) Recorded Date _____
 Caregiver _____ Allergies _____

Insurance Information (fill out entirely OR fax copy of patient's insurance card - both sides)

Employer _____ Secondary Insurance _____
 Insured _____ Insured _____
 Phone: _____ Phone _____
 Policy# _____ Policy# _____

Treatment SIG/Directions

ENBREL Strength: 50mg/mL Pre-filled syringe #4 Pre-filled syringes, 50mg SC once weekly
 ENBREL Strength: 25mg/vial #8 vials 25 mg SC weekly, 72-96 hours apart
 ENBREL Strength _____
 OTHER Strength _____

REFILLS

Quantity refills _____
 x _____ Months

Precertification Requirements

Patient has a negative TB test result. Date of test: _____

1. Diagnosis of moderate to severe rheumatoid arthritis
 2. Diagnosis of moderate to severely active polyarticular-course juvenile rheumatoid arthritis
 3. Diagnosis of psoriatic arthritis

Treatment failure with one or more DMARD: Plaquenil trial dates _____
 Sulfasalazine trial dates _____ azathioprine trial dates _____ Ridaura trial dates _____
 Neoral trial dates _____ penicillamine trial dates _____ methotrexate trial dates _____

3. Diagnosis of active ankylosing spondylitis presence of active disease for at least 4 weeks as defined by a sustained BASDAI of at least 4 and an expert opinion based on clinical features, acute phase reactants, and imaging modalities.
 Presence of refractory disease defined by failure of at least two NSAIDs during a single 3 – month period
 NSAID: _____ Trial dates _____
 Failure of intra-articular steroids: Drug: _____ Trial Dates _____
 Failure of sulfasalazine in patients with peripheral arthritis

Duration of therapy: The monitoring of anti-TNF-alpha therapy, the BASDAI and the ASAS core set for clinical practice should be observed regularly. For the discontinuation of therapy in non-responders, consideration should be made after 6 to 12 weeks of treatment. Response is defined as improvement of: At least 50% or two units (on a 0-10 scale) of the BASDAI _____ OR Provider approves the continuation of therapy: Signature: _____

Supportive / Additional Treatment
 Dosage _____
 Directions _____
 Quantity _____ Refills x _____ Months

Today's Date _____ Date Shipment Needed _____ Ship to: ___Patient___ Physician/Clinic___ Other
 Physician's name: (please print) _____ Phone Number _____
 Physician's signature _____ Contact person _____

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