

# Actemra (tocilizumab)

## Treatment Request (Physician to Complete)



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Visit [www.wellmark.com](http://www.wellmark.com) for the Wellmark Drug List for current medication tier levels and updated PA Forms

### Facsimile Transmittal Sheet

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

To: Wellmark Pharmacy Services

From (Prescriber's Name): \_\_\_\_\_

Fax Number: (866) 884-4345

Prescriber's DEA Number: \_\_\_\_\_

Phone Number: (800) 600-8065

Prescriber's Phone Number: \_\_\_\_\_

Prescriber's Specialty: \_\_\_\_\_

Prescriber's Fax Number: \_\_\_\_\_

Prescriber's Office Address: \_\_\_\_\_

Street

Suite #

City

State

Zip

Patient Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Patient DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please answer the following questions and fax this form back to (866) 884-4345. All fields are REQUIRED.

1. Please provide the diagnosis this therapy has been prescribed for: \_\_\_\_\_

ICD-9 Code: \_\_\_\_\_

2. Has the patient had a pre-treatment evaluation of tuberculosis?  Yes  No

3. Has the patient failed any of the following therapies (select all that apply)?

- Arava (leflunomide)
- Azulfidine or Azulfidine En-Tabs (sulfasalazine)
- Depen Titratab or Cuprimine (d-penicillamine)
- Cimzia (certolizumab)
- Enbrel (etanercept)
- Humira (adalimumab)
- Gold salts, oral or injectable, such as Ridaura (auranofin) and Myochrysin (gold sodium thiomalate)
- Imuran (azathioprine)
- Methotrexate
- Plaquenil (hydroxychloroquine)
- Simponi (golimumab)

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

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