

## 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.

**Note:** For Predetermination, please fully complete and submit the [Predetermination Request Form](#).

**PATIENT INFORMATION**

Name:	Member ID	Group ID
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**PROCEDURE INFORMATION**

Based on Diagnosis, complete the appropriate Section:

- **Crohn's Disease** - Section A
- **Rheumatoid Arthritis (RA)** - Section B
- **Anklyosing 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 – Anklyosing 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 involving areas greater than or equal to 10% of the body surface area: 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 08/2010*