TEXAS MEDICAID
Clinical Edit Prior Authorization
etanercept (ENBREL)

STEP 1: CLEARLY PRINT AND COMPLETE TO EXPEDITE PROCESSING	
Date:	Prescriber First & Last Name:
Patient First & Last Name:	Prescriber NPI:
Patient Address:	Prescriber Address:
Patient ID:	Prescriber Phone:
Patient Date of Birth:	Prescriber Fax:

STEP 2: CLINICAL PRIOR AUTHORIZATION CRITERIA

☐ Indicate Primary Diagnosis: _____ ICD 10 Code: _____

1. Does the client have a diagnosis of Rheumatoid Arthritis, Ankylosing Spondylitis and/or Psoriatic Arthritis in the last 730 days?

   ☐ Yes (Go to #4) ☐ No (Go to #2)

2. Does the client have a diagnosis of Plaque Psoriasis in the last 730 days?

   ☐ Yes (Go to #5) ☐ No (Go to #3)

3. Does the client have a diagnosis of Polyarticular Juvenile Idiopathic Arthritis (PJIA) in the last 730 days?

   ☐ Yes (Go to #6) ☐ No (Deny)

4. Is the client greater than or equal to (≥) 18 years of age?

   ☐ Yes (Go to #7) ☐ No (Deny)

5. Is the client greater than or equal to (≥) 4 years of age?

   ☐ Yes (Go to #7) ☐ No (Deny)

6. Is the client greater than or equal to (≥) 2 years of age?

   ☐ Yes (Go to #7) ☐ No (Deny)

7. Does the client have a history of heart failure in the last 365 days?

☐ Yes (Deny) ☐ No (Go to #8)

8. Does the client have a history of demyelinating disease (multiple sclerosis, optic neuritis and/or Guillain-Barre syndrome) in the last 365 days?

☐ Yes (Deny) ☐ No (Go to #9)

9. Does the client have a history of hematologic abnormalities such as aplastic anemia, pancytopenia, thrombocytopenia, neutropenia, or decreased white blood cell counts in the last 180 days?

☐ Yes (Deny) ☐ No (Go to #10)

10. Does the client have a serious active infection (including Hepatitis B virus and/or tuberculosis) in the last 180 days?

☐ Yes (Deny) ☐ No (Go to #11)

11. Does the client have one (1) claim for a contraindicated drug in the last 30 days?

Contraindicated drugs include cyclophosphamide, KINERET, and ORENCIA.

☐ Yes (Deny) ☐ No (Approve – 365 days)

STEP 3: SIGN AND FAX TO: NAVITUS PRIOR AUTHORIZATION AT: **855-668-8553**

Prescriber Signature: _____ **Date:** _____

If criteria not met, submit chart documentation with form citing complex medical circumstances.
For questions, please call Navitus Customer Care at 1-877-908-6023.