

- Preferred drug accepted. New verbal order authorized.
- Preferred drug rejected by physician.

Health New England
Medication Request Form (MRF)/Prescription Request
Kineret® (anakinra)

Prior Authorization

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Quantity approved:
PA from and thru date:
PA #
Denied:
Returned:

Instructions:

This form is to be used by participating physicians and pharmacy providers to obtain coverage of Kineret®. Please complete this form and fax to ICORE Healthcare at (866) 364-2673. If you have any questions regarding this process, please contact ICORE Healthcare at (800) 775-5138.

J-Codes: Kineret® J3590, unit = 1 (if administered in physicians office only)

Medication Request Information (please complete each section of this form prior to transmittal):

Patient Information (all required)		Physician Information (all required)	
Patient Name:		Physician Name:	
		Specialty:	
Patient Cell Phone #: () -		NPI#:	
Patient HNE ID#:		HNE Provider #:	
Patient Date of Birth:		DEA #:	
Allergies:		Telephone #: () -	
Diagnosis:		Fax #: () -	

Drug Information

Preferred Drug: <input type="checkbox"/> Humira <input type="checkbox"/> Enbrel		
Requested Drug/Strength/Form:		
Dose, Directions, and length of treatment (please be specific):	Quantity (per month):	Refills:

Physician Signature:	Date:
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Indication:

- Moderate to Severe Rheumatoid Arthritis.
- Other (please describe): _____

Documentation of Medical Necessity (check all that apply):

- Patient has tried and failed Humira\Enbrel Yes No
- Patient has been seen by a Rheumatologist within the previous 12 months. (required)
- Request is for continuation of therapy
- Patient is intolerant to or failed therapy of at least one (1) DMARD or immunomodulator (including methotrexate, sulfasalazine, hydroxychloroquine, aurothioglucose, auranofin, gold sodium thiomalate, azathioprine, d-penicillamine, cyclosporine, infliximab, etanercept, or leflunomide).
- Active infections have been excluded (required). (including but not limited to chronic or localized infections, histoplasmosis, cytomegalovirus, tuberculosis, HIV)
- Patient will not receive Arava® (leflunomide), Enbrel® (etanercept), Humira® (adalimumab), Remicade (infliximab), Orencia (abatacept) or Cimzia® (certolizumab) along with Kineret.
- Other pertinent history: _____

Effective date: 5/10/05 (date of last review 4/13/2010)

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