FUTURE SCRIPTS

Please complete ALL information below and fax your request to 1-888-671-5285

Kineret® Prior Authorization Request Form (Page 1 of 2)

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Member Information (required)

Member Name:		
Insurance ID#:		
Date of Birth:		
Street Address:		
City:	State:	Zip:
Phone:		

Provider Information (required)

Provider Name:		
NPI#:	Specialty:	
Office Phone:		
Office Fax:		
Office Street Address:		
City:	State:	Zip:

Medication Information (required)

Medication Name:	Strength:	Dosage Form:
❑ Check if **generic substitution** is acceptable	Directions for Use:	
❑ Check if request is for **continuation of therapy**		

Clinical Information (required)

Select the diagnosis below:

- ❑ Moderately to severely active rheumatoid arthritis
- ❑ Neonatal-onset multisystem inflammatory disease (NOMID)
- ❑ Systemic juvenile idiopathic arthritis (SJIA)
- ❑ Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Will the patient be using Kineret in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]? ❑ **Yes** ❑ **No**

Select if Kineret is prescribed by or in consultation with one of the following specialists:

❑ Allergist/Immunologist ❑ Rheumatologist

For moderately to severely active rheumatoid arthritis, also answer the following:

Has the patient had a trial and failure, contraindication, or intolerance to one non-biologic disease modifying anti-rheumatic drug (DMARD) [e.g., Rheumatrex/Trexall (methotrexate), Arava (leflunomide), Azulfidine (sulfasalazine)]? ❑ **Yes** ❑ **No**

Is this request for continuation of prior Kineret therapy? ❑ **Yes** ❑ **No**

Select if the patient has had a trial and failure, contraindication, or intolerance to the following, or attestation demonstrating a trial may be inappropriate:

- ❑ Cimzia (certolizumab)
- ❑ Humira (adalimumab)
- ❑ Simponi (golimumab) or Simponi Aria (golimumab IV)

Select if the patient has had a trial and failure, contraindication, or intolerance to the following:

- ❑ Kevzara (sarilumab)
- ❑ Xeljanz (tofacitinib) or Xeljanz XR (tofacitinib ER)

For neonatal-onset multisystem inflammatory disease (NOMID), also answer the following:

Select if the patient has a diagnosis of NOMID as confirmed by the following:

- ❑ NLRP-3 [nucleotide-binding domain, leucine rich family (NLR), pyrin domain containing 3 gene (also known as cold-induced auto-inflammatory syndrome-1 [CIAS1]) mutation
- ❑ Evidence of active inflammation which includes clinical symptoms (e.g., rash, fever, arthralgia)
- ❑ Evidence of active inflammation which includes elevated acute phase reactants (e.g., ESR, CRP)

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Reauthorization:

If this is a reauthorization request, answer the following questions:

Is there documentation the patient has had a positive clinical response to Kineret therapy? ❑ **Yes** ❑ **No**

Will the patient be using Kineret in combination with a biologic DMARD [e.g., Enbrel (etanercept), Humira (adalimumab), Cimzia (certolizumab), Simponi (golimumab)]? ❑ **Yes** ❑ **No**

Are there any other comments, diagnoses, symptoms, medications tried or failed, and/or any other information the physician feels is important to this review?

_____

_____

Please note: This request may be denied unless all required information is received.