Pharmacy Prior Authorization

AETNA BETTER HEALTH ILLINOIS FAMILY HEALTH PLAN (MEDICAID)

Kineret (Medicaid)

This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to Aetna Better Health Illinois at **1-844-242-0908**. When conditions are met, we will authorize the coverage of Kineret (Medicaid). Please note that all authorization requests will be reviewed as the AB rated generic (when available) unless states otherwise.

Drug Name (please circle)

Kineret (anakinra)				
Dther, please specify Frequency Quantity Frequency		Strength		
Route of Administration				
Patient Information				
Patient Name:				
Patient ID:				
Patient Group No ·				
Patient DOB.				
Patient Phone:				
Prescribing Physician				
Physician Name:				
Specialty:	NPI Number:			
Physician Fax:	Physician Phone:			
Physician Address:	City, State, Zip:			
Diagnosis:	ICD Code:			
Please circle the appropriate answe	er for each question.			
 Has this plan authorized previous authorization is 	Kineret in the past for this patient (i.e., on file under this plan)?	Y	Ν	
[If no, skip to question 3.]]			
2. Has the patient had at lea	ast a 20% improvement in symptoms?	Y	Ν	
[No further questions.]				
 Does the patient have a or with moderate to high dis 	diagnosis of rheumatoid arthritis (RA) sease activity?	Y	Ν	
[If no, skip to question 8.]]			

Reference Number: C8887-A / Effective Date: 05/08/2017

4.	Has the patient had failure to an adequate trial (3 months) of two disease modifying anti-rheumatic drugs (DMARDs) regimens (one must be methotrexate)?	Y	Ν
	If yes, list medications tried:		
	Note: Monotherapy regimen: methotrexate (MTX), hydroxychloroquine (HCQ), leflunomide (LEF), sulfasalazine (SSZ).		
	Combination regimen: MTX+SSZ+HCQ; MTX+HCQ, MTX+LEF, MTX+SSZ, SSZ+HCQ		
	[If yes, skip to question 6.]		
5.	Does the patient have a contraindication to methotrexate?	Y	Ν
	Note: Contraindications such as Pregnancy, alcoholism, Chronic liver disease, Leukopenia, thrombocytopenia, or anemia.		
	If yes, please document contraindication:		
	[If no, then no further questions]		
6.	Has the patient had a trial and failure of at least one formulary anti-TNF?	Y	Ν
	Please list agent tried:		
	[If no, then no further questions.]		
7.	Is the patient at least 18 years of age?	Y	Ν
	[If no, then no further questions.]		
	[If yes, skip to question 16.]		
8.	Does the patient have a diagnosis of juvenile idiopathic arthritis (JIA)?	Y	Ν
	[If no, skip to question 13.]		
9.	Does the patient have the systemic subtype of JIA?	Y	Ν
	[If no, then no further questions.]		
10	Does the patient currently have ACTIVE systemic features AND synovitis in at least one joint?	Y	N

Note: Systemic features such as fever, evanescent rash, lymphadenopathy, hepatomegaly, splenomegaly, or serositis.		
If yes, please list:	_	
[If yes, skip to question 15.]		
11. Does the patient continue to have synovitis in at least 1 joint despite 3 months of treatment with methotrexate or leflunomide?	Y	Ν
[If yes, skip to question 15.]		
12. Does the patient contraindications to methotrexate and leflunomide?	Y	Ν
Note: Contraindications such as Pregnancy, alcoholism, Chronic liver disease, Leukopenia, thrombocytopenia, or anemia.		
If yes, please document contraindication:	_	
[If no, then no further questions.]		
[If yes, skip to question 15.]		
13. Does the patient have a diagnosis of Cryopyrin-Associated Periodic Syndromes (CAPS)?	Y	Ν
[If no, then no further questions.]		
14. Has the diagnosis been confirmed by a positive genetic test for the NALP3, CIAS1, or NLRP3 mutation(s)?	Ý	Ν
[If no, then no further questions.]		
[If yes, skip to question 16.]		
15. Is the patient at least 2 years of age?	Y	Ν
[If no, then no further questions.]		
16. Is Kineret being prescribed by, or in consultation with a rheumatologist?	Y	Ν
[If no, then no further questions.]		
17. Has the patient been screened for latent tuberculosis (TB) and hepatitis B?	Y	Ν

[If no, then no further que	stions.]
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18. Does the patient have an active infection (including Hepatitis B and/or tuberculosis (TB)?	Y	Ν	
[If no, skip to question 20.]			
19. Is the patient currently receiving or has completed treatment for latent TB infection or Hepatitis B?	Y	Ν	
[If no, then no further questions.]			
20. Will Kineret be given in combination with another biologic DMARD?	Y	Ν	
Comments:			

I affirm that the information given on this form is true and accurate as of this date.

Prescriber (Or Authorized) Signature

Date