

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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SECTION A

Please answer the following questions

- Yes No Does the patient have a known hypersensitivity to E. coli-derived proteins, Kineret, or any component of the product?
- Yes No Is the indication or diagnosis for the reduction in signs and symptoms and slowing the progression of structural damage in moderately to severely active rheumatoid arthritis? *(If No, skip to question 4.)*
- Yes No Has the patient used at least one Disease-Modifying Anti-Rheumatic Drug (DMARD) (e.g., methotrexate, leflunomide, adalimumab (Humira), etanercept (Enbrel), etc.) for the current condition prior to the initiation of Kineret?
- Yes No Is the indication or diagnosis for the treatment of Neonatal-Onset Multisystem Inflammatory Disease (NOMID) in patients with Cryopyrin-Associated Periodic Syndromes (CAPS)?
- Yes No Does the patient have an active infection (e.g., upper respiratory tract infections, tuberculosis, etc.)?
- Yes No Will Kineret be used concurrently with any live vaccines?
- Yes No Will Kineret be used in combination with any tumor necrosis factor (TNF) blocking agents (e.g., adalimumab (Humira), etanercept (Enbrel), infliximab (Remicade), etc.)?

8. Yes No Will a baseline neutrophil count be performed prior to the initiation of Kineret? *(Please document the patient's lab values):*

9. Yes No Has the patient (or caregiver) received training from a healthcare provider on how to self-administer Kineret?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.villagehealthca.com>