OPTUMRx®

OptumRx has partnered with CoverMyMeds to receive prior authorization requests, saving you time and often delivering real-time determinations.
Visit go.covermymeds.com/OptumRx to begin using this free service.
Please note: All information below is required to process this request.
Mon-Fri: 5am to 10pm Pacific / Sat: 6am to 3pm Pacific

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

DO NOT COPY FOR FUTURE USE. FORMS ARE UPDATED FREQUENTLY AND MAY BE BARCODED

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 requesting **brand**	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)
❑ Other diagnosis: _____ ICD-10 Code(s): _____

Clinical Information:

Will Kineret be used in combination with a biologic disease modifying anti-rheumatic drug (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 ❑ Pediatrician ❑ Rheumatologist

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

Select if the patient has had a trial and failure, contraindication, intolerance, or attestation demonstrating a trial of the following may be inappropriate:
❑ Cimzia (certolizumab) ❑ Enbrel (etanercept) ❑ Humira (adalimumab) ❑ Simponi (golimumab)

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

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

Has the diagnosis been confirmed by 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? ❑ **Yes** ❑ **No**

Is there evidence of active inflammation that includes clinical symptoms (e.g., rash, fever, arthralgia)? ❑ **Yes** ❑ **No**

Is there evidence of active inflammation that includes elevated acute phase reactants (e.g., ESR, CRP)? ❑ **Yes** ❑ **No**

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 Kineret be used in combination with a biologic disease modifying anti-rheumatic drug (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.
If the patient is not able to meet the above standard prior authorization requirements, please call 1-800-711-4555.
For urgent or expedited requests please call 1-800-711-4555.
This form may be used for non-urgent requests and faxed to 1-800-527-0531.