

**KINERET®**  
**PREAUTHORIZATION REQUEST**  
**PHYSICIAN FAX FORM**



**BlueCross BlueShield  
of Illinois**

**ONLY the prescribing physician may complete and fax this form.**

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**Incomplete forms will be returned for additional information.** The following documentation is required for preauthorization consideration. For formulary information and to download additional forms, please visit [www.bcbsil.com](http://www.bcbsil.com)

**Patient first name** \_\_\_\_\_ **Patient last name** \_\_\_\_\_

**Blue Cross ID number** \_\_\_\_\_ **Date of birth (MM/DD/YYYY)** \_\_\_\_\_

**Patient address** \_\_\_\_\_

Requesting physician \_\_\_\_\_

Physician specialty \_\_\_\_\_ Physician UPIN# \_\_\_\_\_ Physician NPI# \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_

Physician (clinic name) and address \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

Patient diagnosis \_\_\_\_\_

1. Is the patient currently receiving Kineret therapy?  Yes  No

If yes, duration of treatment \_\_\_\_\_

2. If the patient is currently prescribed Kineret, has the physician determined it has been beneficial in slowing the progression of the disease?  Yes  No

3. Has the patient had a trial of methotrexate for the treatment of rheumatoid arthritis?  Yes  No

4. Is the patient allergic to, intolerant of, or have contraindications to the use of methotrexate or does the physician or patient refuse treatment with methotrexate due to possible side effects?  Yes  No

5. Is the patient currently being prescribed methotrexate and needs Kineret added to the treatment regimen?  Yes  No

6. Has the patient been treated previously with Enbrel, Humira or Remicade and therapy is now being switched to Kineret?  Yes  No

If yes, will Enbrel, Humira or Remicade be discontinued prior to the start of Kineret?  Yes  No

**PLEASE FAX OR MAIL THIS FORM TO:**

Blue Cross and Blue Shield of Illinois  
c/o Prime Therapeutics LLC, Clinical Review Department  
1020 Discovery Road, No. 100  
Eagan, Minnesota 55121

**TOLL FREE:**

**Fax:** 877.480.8130 **Phone:** 800.285.9426

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