Health New England
c/o Express Scripts, Inc.
Medication Request Form (MRF)
Amevive™ (alefacept)

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Contacted:
Physician:
Pharmacy:
Patient:

Prior Authorization Department – BL0345
6625 W. 78th Street
Bloomington MN 55439
Phone: 1-888-806-4998
Fax: 1-877-837-5922

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Denied:
Returned:
PA #

Instructions:

This form is to be used by participating physicians and pharmacy providers to obtain coverage of Amevive™. Please complete this form and fax to Express Scripts, Inc. at (877) 837-5922. If you have any questions regarding this process, please contact Express Scripts Prior Authorization Department at (888) 806-4998.

Medication Request Information (please complete each section of this form prior to transmittal):

J-Code = J0215. 1 unit = 0.5 mg given IM

Patient Information (all required)	Physician Information (all required)
Patient Name:	**Physician Name:**
	Specialty:
	NPI #:
Patient HNE ID#:	**HNE Provider #:**
Patient Date of Birth:	**DEA # :**
Allergies:	**Area Code and Telephone #: ( ) -**
Diagnosis:	**Area Code and Fax #: ( ) -**

Drug Information

Requested Drug: Amevive

Dose (please be specific):	**Length of Treatment:**

Indication:

☐ For moderate to severe Plaque Psoriasis

Severity

- Body Surface Area Involvement (percent): __________%
- PASI (Psoriasis Area and Severity Index) Score: __________(range 0 to 72)

Documentation of Medical Necessity (*check all that apply*):

☐ Amevive is recommended by a Dermatologist within the previous 6 months.
☐ Active infections (including, but not limited to histoplasmosis, cytomegalovirus, tuberculosis, HIV, and local infections) have been excluded.
☐ Patient is not concurrently receiving other immunosuppressive agents (including but not limited to cyclosporine, methotrexate, etanercept, alefacept, infliximab) or phototherapy.
☐ CD4+ T-lymphocyte count______________________
☐ Date of last dose of Amevive____________________
☐ Other pertinent history____.

Check other drugs/treatments tried or contraindicated (*check all that apply*):

☐ PUVA	☐ UVB	☐ Acitretin
☐ Methotrexate	☐ Cyclosporine	

Effective: 4/20/04; Updated 5/8/07