

**Health New England
Medication Request Form (MRF)**

Arcalyst™ (rilonacept) and Ilaris® (canakinumab)

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

Prior Authorization

DO NOT WRITE IN BLOCKED AREAS FOR INTERNAL USE ONLY
Approved:
Quantity approved:
PA from and thru date:
PA #
Denied:
Returned:

Instructions:

This form is to be used by participating physicians and pharmacy providers to obtain coverage of Arcalyst™ or Ilaris®. Please complete this form and fax to MedMetrics Health Partners at **(800) 550-9246**. If you have any questions regarding this process, please contact MedMetrics clinical call center at **(866) 209-1057**.

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

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 # (required): () -

Drug Information

Requested Drug / Strength:	<input type="checkbox"/> Arcalyst™	<input type="checkbox"/> Ilaris®
Dose, directions and length of treatment (please be specific):	Quantity:	Refills:
Physician signature:	Date:	

Indication: Initial therapy Continued therapy

- Cryopyrin-Associated Periodic Syndromes (CAPS)
- Familial Cold Auto-inflammatory Syndrome (FCAS)
- Muckle-Wells Syndrome (MWS)
- Other (please describe): _____

Documentation of Medical Necessity (check all that apply):

- Diagnosis made by a rheumatologist or other specialist in diagnosis and treatment of the condition
- Patient is an adult or a child 12 years of age and older and the request is for Arcalyst or is the patient an adult or child 4 years and older and the request is for Ilaris?
- Patient is not receiving corticosteroids or live vaccines.
- Patient is not pregnant, planning to become pregnant, or breast feeding
- Patient experienced improvement in joint pain, rash, feeling of fever/chills, eye redness/pain, or fatigue
- Patient is not currently receiving other medicines that block IL-1, such as Kineret (anakinra), medicines that block Tumor Necrosis Factor (TNF), such as ENBREL (etanercept), Humira (adalimumab), or Remicade (infliximab)
- Patient does not have an active infection (including, but not limited to chronic or localized infections, tuberculosis Hepatitis B/C and HIV)