

**Health New England  
c/o Express Scripts, Inc.  
Medication Request Form (MRF)  
Remicade<sup>®</sup> (infliximab)**

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

**Prior Authorization Department –  
BL0345  
6625 W. 78<sup>th</sup> 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 Remicade<sup>®</sup>. 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.

**J-code = J1745, 1 unit = 10mg**

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

Patient Information (all required)	Physician Information (all required)
<b>Patient Name:</b>	<b>Physician Name:</b>
	<b>NPI #:</b>
<b>Patient HNE ID#:</b>	<b>HNE Provider #:</b>
	<b>Provider Specialty:</b>
<b>Patient Date of Birth:</b>	<b>DEA # :</b>
<b>Allergies:</b>	<b>Area Code and Telephone #: (    )    -</b>
<b>Diagnosis:</b>	<b>Area Code and Fax #: (    )    -</b>
<b>Requested Drug:        Remicade</b>	
<b>Dose:</b>	<b>Length of Treatment:</b>

**Initial Authorization Indication:**

- Treatment of moderate to severe Crohn's disease unresponsive to conventional therapy.
- Treatment of Rheumatoid Arthritis unresponsive to conventional therapy.
- Treatment of moderate to severe Ulcerative Colitis unresponsive to conventional therapy.
- Treatment of active Psoriasis unresponsive to conventional therapy.
- Treatment of active Psoriatic Arthritis unresponsive to conventional therapy
- Treatment of Ankylosing Spondylitis unresponsive to conventional therapy

**Renewal Authorization Indication (Applies to Previously Approved Health New England Members):**

- Treatment of moderate to severe Crohn's disease.
- Treatment of rheumatoid arthritis.
- Treatment of Ulcerative Colitis
- Treatment of Psoriasis
- Treatment of Psoriatic Arthritis
- Treatment of Ankylosing Spondylitis

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

- Remicade prescription is written by a gastroenterologist, rheumatologist, or dermatologist.
- Negative tuberculosis test.
- Patient does not have an active infection, including, but not limited to chronic or localized infection, histoplasmosis, cytomegalovirus, HIV, or Hepatitis B?
- Crohn's Disease or Ulcerative Colitis - Patient has failed at least one (1) Immunomodulator (including but not limited to 6-mercaptopurine, azathioprine, corticosteroids or methotrexate).
- Rheumatoid Arthritis, Psoriatic arthritis or Ankylosing Spondylitis – Patient has failed treatment with Enbrel and/or Humira.
- Rheumatoid Arthritis, Psoriatic arthritis or Ankylosing Spondylitis - Patient will be receiving methotrexate in conjunction with Remicade.
- Rheumatoid Arthritis, Psoriatic arthritis or Ankylosing Spondylitis – Patient has failed at least one (1) Immunomodulator (including but not limited to azathioprene, hydroxychloroquine, cyclosporine).
- Psoriasis or Psoriatic Arthritis patient failed or have contraindication to at least two of the following: (PUVA, PUVB, methotrexate, cyclosporine, Acitretin, Enbrel) **Circle treatments which have been tried**
- Patient does not have an allergy to murine proteins
- Patient does not have moderate to severe heart failure.

Other pertinent history: \_\_\_\_\_