State of Maine Department of Health & Human Services
MaineCare/MEDEL Prior Authorization Form
RHEUMATOID ARTHRITIS / CROHNS DISEASE

Phone: 1-888-445-0497 **ONE Drug Per Form ONLY – Use Black or Blue Ink** Fax: 1-888-879-6938

Member ID #: |__|__|__|__|__|__|__|__|__|__|__| Patient Name: ________________________ DOB: ______________
(NOT MEDICARE NUMBER)

Patient Address:____

Provider DEA: |__|__|__|__|__|__|__|__|__|__| Provider NPI: __|__|__|__|__|__|__|__|__|__|

Provider Name:____ Phone:________________

Provider Address:______________________________________ Fax:________________

Pharmacy Name:____________________Rx Address:______________________Rx phone:____________

Provider must fill all information above. It must be legible, correct and complete or form will be returned.

(Pharmacy use only): NPI: __|__|__|__|__|__|__|__|__|__|__| NABP: |__|__|__|__|__|__|__|__| NDC: |__|__|__|__|__|__|__|__|__|__|__|

Humira, Enbrel and Cimzia are preferred if one of the following are in the member's drug profile: Azathioprine, Hydroxychloroquine, Leflunomide, Methotrextate, Sulfasalazine tabs

Drug Name (Step order)	Strength	Dosage Instructions	Quantity	Days Supply (34 retail / 90 mail order)	Circle Refills
❑ Kineret®	________	________________	_______	__________	1 2 3 4 5
❑ Orencia®	________	________________	_______	__________	1 2 3 4 5
❑ Remicade®	________	________________	_______	__________	1 2 3 4 5
❑ Tysabri®	________	________________	_______	__________	1 2 3 4 5
❑ Other ________	________	________________	_______	__________	1 2 3 4 5

Medical Necessity Documentation

Kineret/ Orencia: Both of the following required:

❑ Rheumatoid arthritis of moderate to severe activity or psoriatic arthritis
AND
❑ Failed trial of Enbrel, Humira and Cimzia

Tysabri: Both of the following required:

❑ Dx Moderately to severely active Crohn's disease.
AND
❑ Failed trial of Humira and Cimzia

Remicade: One of the following required:

❑ Dx Fistulizing Crohn's disease
❑ Dx Moderately to severely active Crohn's disease.
❑ Dx Regional Enteritis and failed therapy on one conventional therapy-(circled)- Corticosteroids and 5-ASA, or Azathioprine, or Mercaptopurine
❑ Dx Moderately severe to severe Rheumatoid Arthritis and unresponsive to Methotrexate treatment

Pursuant to the MaineCare Benefits Manual, Chapter I, Section 1.16, The Department regards adequate clinical records as essential for the delivery of quality care, such comprehensive records are key documents for post payment review. Your authorization certifies that the above request is medically necessary, meets the MaineCare criteria for prior authorization, does not exceed the medical needs of the member and is supported in your medical records.

Provider Signature: ______________________ **Date of Submission:** ______________________
*MUST MATCH PROVIDER LISTED ABOVE