



Fingolimod

Express Scripts
 Prior Authorization
 Phone 1-844-424-8886
 Fax 1-877-251-5896

To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- You may Call ESI at 1-844-424-8886, 24 hours a day, 7 days a week, TTY users: 1-800-716-3231
- You may Fax your request to: 1-877-251-5896 (Attention: Medicare Reviews)
- You may also send your request via email to: medicarepartdparequests@express-scripts.com

Member's Last Name:	Member's First Name:
SCAN ID number:	Date of Birth:
Prescriber's Name:	Contact Person:
Office phone:	Office Fax:

Medication:	Diagnosis:
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SECTION A

Please answer the following questions

1. Yes No Is the diagnosis or indication for the treatment of patients with relapsing forms of multiple sclerosis including clinically isolated syndrome, relapsing-remitting disease, or active secondary progressive disease?
2. Yes No Has the patient had a recent (i.e., within the last 6 months) occurrence of: myocardial infarction, unstable angina, stroke, transient ischemic attack, decompensated heart failure requiring hospitalization, or Class III/IV heart failure?
3. Yes No Does the patient have a history or presence of Mobitz Type II 2nd degree or 3rd degree AV block or sick sinus syndrome?
4. Yes No Does the patient have a pacemaker?
5. Yes No Is the patient currently being treated with Class Ia or Class III anti-arrhythmic drugs (e.g., quinidine, procainamide, disopyramide, sotalol, amiodarone, etc.)?
6. Yes No Is fingolimod being prescribed by a Neurologist?
7. Yes No Has the patient used Avonex, Betaseron, Rebif, Plegridy, or glatiramer acetate prior to the use of fingolimod?
8. Yes No Is the following test being performed prior to initiation of fingolimod: baseline ECG (electrocardiogram)? (*Please document the patient's test results:*)

9. Yes No Is the baseline QTc interval greater than or equal to 500 ms?
10. Yes No Does the patient have active or chronic infection (e.g., pneumonia, disseminated primary herpes zoster, herpes simplex encephalitis, etc.)?
11. Yes No Are the following tests being performed prior to initiation of fingolimod: 1. A recent CBC (i.e., within the last 6 months); 2. Recent (i.e., within the last 6 months) liver enzymes: transaminase and bilirubin levels; and 3. An ophthalmologic evaluation? *(Please document the patient's test results:)*

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

FAX COMPLETED FORM TO: 1-877-251-5896

Our response time for prescription drug coverage standard requests is 72 hours. If you or your prescriber believe that waiting 72 hours for a standard decision could seriously harm your life, health, or ability to regain maximum function, you can ask for an expedited (fast) decision. If your prescriber indicates that waiting 72 hours could seriously harm your health, we will automatically give you a decision within 24 hours. If you do not obtain your prescriber's support for an expedited request, we will decide if your case requires a fast decision. You cannot request an expedited coverage determination if you are asking us to pay you back for a drug you already received. View our formulary and Prior Authorization criteria online at <http://www.scanhealthplan.com>