



VillageHealth

by SCAN Health Plan®

Enbrel,
Enbrel SureClick,
Enbrel Mini

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:

SECTION A

Please answer the following questions

1. Yes No Will the requested medication be concomitantly used with biologic DMARDs (e.g., TNF Antagonists)?
2. Yes No Was the prescription written or recommended by a Rheumatologist or a Dermatologist?
3. Yes No Is the diagnosis or indication for the treatment of moderately to severely active Rheumatoid Arthritis? *(if YES, proceed to question 5).*
4. Yes No Is the diagnosis or indication for the treatment of Polyarticular-Course Juvenile Rheumatoid Arthritis? *(if YES, proceed to question 5).*
5. Yes No Has the member previously used at least one conventional DMARD (e.g., methotrexate, sulfasalazine, etc.) prior to the initiation of Enbrel? *(if NO, proceed to question 11).*
6. Yes No Is the diagnosis or indication for the treatment of Ankylosing Spondylitis?
7. Yes No Is the patient currently taking or has the patient tried at least one Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) prior to the initiation of Enbrel? *(if NO, proceed to question 11).*
8. Yes No Is the diagnosis or indication for the treatment of chronic moderate to severe plaque psoriasis?

9. Yes No Has the member previously used at least one systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.) prior to the initiation of Enbrel if the member is a candidate for systemic therapy? *(if NO, proceed to question 11).*
10. Yes No Has the member previously used a biologic (e.g., Humira, Otezla, Stelara, etc.) or is currently using Enbrel?
11. Yes No Is the diagnosis of indication for the treatment of psoriatic arthritis?

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.villagehealthca.com>