Xeljanz

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. θ Yes θ No Is the diagnosis for the treatment of adults with moderately to severely active rheumatoid arthritis?
2. θ Yes θ No Is the diagnosis or indication for the treatment of active psoriatic arthritis?
3. θ Yes θ No Is the diagnosis or indication for the treatment of moderately to severely active ulcerative colitis?
4. θ Yes θ No Is Xeljanz being written or recommended by a Rheumatologist?
5. θ Yes θ No Is the member's lymphocyte count within normal limits OR greater than or equal to 500 cells/mm(3)?
6. θ Yes θ No Is the member's absolute neutrophil count (ANC) within normal limits OR greater than or equal to 1000 cells/mm(3)?
7. θ Yes θ No Is the member's hemoglobin level greater than or equal to 9 g/dL?
8. θ Yes θ No Does the member have a negative TB test prior to the initiation of Xeljanz?
9. θ Yes θ No Does the member have severe hepatic impairment?

10. θ Yes θ No Does the member have an active infection (e.g., pneumonia, cellulitis, herpes zoster and urinary tract infection cryptococcus, esophageal candidiasis, pneumocystosis, multidermatomal, herpes zoster, cytomegalovirus, etc.)?

11. θ Yes θ No Will Xeljanz be used concurrently with live vaccines, biologic disease modifying antirheumatic drugs or potent immunosuppressants, such as azathioprine or cyclosporine?

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