



**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:
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SECTION A Please answer the following questions

1. Yes No Will Enbrel, Enbrel SureClick, or Enbrel Mini be administered concurrently with any of the following drugs: adalimumab (Humira), anakinra (Kineret), abatacept (Orencia), or infliximab (Remicade)?
2. Yes No Was the prescription initially 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?
4. Yes No Is the patient currently taking or has the patient tried at least one Disease-Modifying Anti-Rheumatic Drug for the current condition?
5. Yes No Is the diagnosis or indication for the treatment of one of the following: Psoriatic Arthritis or Polyarticular-Course Juvenile Rheumatoid Arthritis?
6. Yes No Is the patient currently taking or has the patient tried methotrexate for the current condition?
7. Yes No Is the diagnosis or indication for the treatment of Ankylosing Spondylitis?
8. Yes No Is the patient currently taking or has the patient tried at least two Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) for the current condition?
9. Yes No Is the diagnosis or indication for the treatment of chronic moderate to severe plaque psoriasis?

10. Yes No Is the patient a candidate for phototherapy (e.g. UVB, PUVA) or systemic therapy (for example, methotrexate, acitretin, cyclosporine, etc.)?
11. Yes No Has the patient used traditional therapy for psoriasis, such as phototherapy (e.g., UVB, PUVA) or at least one systemic therapy (e.g., methotrexate, acitretin, cyclosporine, etc.)?

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>