



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](mailto: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 Disease-Modifying Anti-Rheumatic Drugs (DMARDs), (e.g., TNF Antagonists)?
2. ☐ Yes ☐ No Is the prescription written or recommended by a Gastroenterologist, Dermatologist, Rheumatologist, or Ophthalmologist?
3. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of moderately to severely active Rheumatoid Arthritis? *(if YES, skip to question 5).*
4. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of Polyarticular-Course Juvenile Rheumatoid Arthritis?
5. ☐ Yes ☐ No Has the member previously used at least one conventional Disease-Modifying Anti-Rheumatic Drug (e.g., methotrexate, sulfasalazine, etc.) prior to the initiation of adalimumab (Humira)?
6. ☐ Yes ☐ No Has the member previously used a biologic (e.g., etanercept (Enbrel), anakinra (Kineret), infliximab (Remicade), etc.) or is currently using adalimumab (Humira)?
7. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of Ankylosing Spondylitis?

8.    ☐ Yes    ☐ No    Has the member previously used at least one non-steroidal anti-inflammatory drugs (NSAID) (e.g., celecoxib, naproxen, sulindac, etc.) prior to the initiation of Humira?
9.    ☐ Yes    ☐ No    Has the member previously used a biologic (e.g., etanercept (Enbrel), anakinra (Kineret), infliximab (Remicade), etc.) or is currently using adalimumab (Humira)?
10.   ☐ Yes    ☐ No    Is the diagnosis or indication for Humira for the treatment of chronic moderate to severe plaque psoriasis? (Also answer Yes if diagnosis or indication is for treatment of moderate to severe fingernail psoriasis).
11.   ☐ Yes    ☐ No    Has the member previously used at least one systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.) prior to the initiation of adalimumab (Humira) if the member is a candidate for systemic therapy?
12.   ☐ Yes    ☐ No    Has the member previously used a biologic (e.g., etanercept (Enbrel), anakinra (Kineret), infliximab (Remicade), etc.) or is currently using adalimumab (Humira)?
13.   ☐ Yes    ☐ No    Is the diagnosis or indication for the treatment of moderately to severely active Crohn's disease?
14.   ☐ Yes    ☐ No    Is the diagnosis or indication for the treatment of adults with moderate to severe active Ulcerative Colitis?
15.   ☐ Yes    ☐ No    Is the diagnosis or indication for the treatment of moderate to severe Hidradenitis Suppurativa?
16.   ☐ Yes    ☐ No    Is the diagnosis or indication for the treatment of non-infectious intermediate, posterior, and panuveitis in adult patients?
17.   ☐ Yes    ☐ No    Is the diagnosis or indication for the treatment of psoriatic arthritis?

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

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## SECTION B

Physician Signature

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PHYSICIAN SIGNATURE

\_\_\_\_\_  
DATE

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>