



Remicade

**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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This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A Please answer the following questions

1. Yes No Is the medication supplied by Retail, Home Infusion, Long Term Care (LTC) or other pharmacies?
2. Is the medication supplied and administered by a Physician's office?
 Yes
 No ***(Document how medication is supplied):***

3. Yes No Is the prescription recommended or initially written by the Rheumatologist, Gastroenterologist, or Dermatologist?
4. Yes No Is the diagnosis or indication for the treatment of moderately to severely active Rheumatoid Arthritis?
5. Yes No For the diagnosis or indication for the treatment of moderately to severely active Rheumatoid Arthritis, will methotrexate be administered concurrently with Remicade?

6. Yes No For the diagnosis or indication for the treatment of moderately to severely active Rheumatoid Arthritis, has the patient tried at least one other Disease-Modifying Anti-Rheumatic Drug (DMARD) for the current condition?
7. Yes No Is the diagnosis or indication for the treatment of Psoriatic Arthritis?
8. Yes No For the treatment of Psoriatic Arthritis, is the patient currently taking or has the patient tried methotrexate for the current condition?
9. Yes No Is the diagnosis or indication for the treatment of Ankylosing Spondylitis?
10. Yes No For the treatment of Ankylosing Spondylitis, is the patient currently taking or has the patient tried at least one Non-Steroidal Anti-Inflammatory Drug (NSAID) for the current condition?
11. Yes No Is the diagnosis or indication for the treatment of chronic moderate to severe plaque psoriasis?
12. Yes No Is the patient a candidate for phototherapy (e.g. UVB, PUVA) or systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.)? *If no, skip question 13.*
13. Yes No For the diagnosis or indication for the treatment of chronic moderate to severe plaque psoriasis, has the patient tried traditional therapy for psoriasis, such as phototherapy (e.g. UVB, PUVA) or at least one systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.) for the current condition?
14. Yes No Is the diagnosis or indication for the treatment of Ulcerative Colitis?
15. For the treatment of Ulcerative Colitis, is the patient currently receiving or has the patient tried at least one medication that belongs to any of the following pharmacologic classes: aminosalicylates, or corticosteroids, or immunomodulators (e.g., 6-mercaptopurine or azathioprine)?
- Yes *(Document the duration and use of conventional therapy: aminosalicylates, corticosteroids, immunomodulators):*

- No
16. Yes No Is the diagnosis or indication for the treatment of active Crohn's disease?
17. Yes No Will Remicade be used for the treatment of Fistulizing Crohn's disease?
18. Yes No Has the patient tried adalimumab prior to the initiation of Remicade?
19. Yes No Has the patient tried etanercept prior to the initiation of Remicade? *This question does not apply if the diagnosis or indication is for the treatment of Crohn's disease or ulcerative colitis.*

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>