VillageHealth
by SCAN Health Plan®

Simlandi

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 Will the requested medication be concomitantly used with biologic Disease-Modifying Anti-Rheumatic Drug (DMARDs), (for example, but not limited to Tumor necrosis factor (TNF) Antagonists)?

2. θ Yes θ No Is the prescription written or recommended by a Rheumatologist, Dermatologist, Gastroenterologist, or Ophthalmologist?

3. θ Yes θ No Is the diagnosis or indication for the treatment of moderately to severely active Rheumatoid Arthritis? ***(if YES, skip to question 5)***

4. θ Yes θ No Is the diagnosis or indication for the treatment of Polyarticular-Course Juvenile Rheumatoid Arthritis? ***(if NO, skip to question 7)***

5. θ Yes θ No Has the member previously used at least one conventional Disease-Modifying Anti-Rheumatic Drug (DMARD), (for example, but not limited to methotrexate, sulfasalazine, etc.) prior to the initiation of adalimumab (Simlandi)?

6. θ Yes θ No Has the member previously used a biologic (for example, but not limited to etanercept (Enbrel), anakinra (Kineret), infliximab (Remicade), etc.) or is currently using adalimumab (Simlandi)?

7. θ Yes θ No Is the diagnosis or indication for the treatment of Ankylosing Spondylitis? ***(if NO, skip to question 10)***

8. θ Yes θ No Has the member previously used at least one non-steroidal anti-inflammatory drugs (NSAID), (for example, but not limited to celecoxib, naproxen, sulindac, etc.) prior to the initiation of adalimumab (Simlandi)?

9. θ Yes θ No Has the member previously used a biologic (for example, but not limited to etanercept (Enbrel), etc.) or is currently using adalimumab (Simlandi)?

10. θ Yes θ No Is the diagnosis or indication for the treatment of chronic moderate to severe plaque psoriasis? ***(if NO, skip to question 13)***

11. θ Yes θ No Has the member previously used at least one systemic therapy (for example, but not limited to methotrexate, cyclosporine, acitretin, etc.) prior to the initiation of adalimumab (Simlandi) if the member is a candidate for systemic therapy?

12. θ Yes θ No Has the member previously used a biologic (for example, but not limited to etanercept (Enbrel), apremilast (Otezla), ustekinumab (Stelara), etc.) or is currently using adalimumab (Simlandi)?

13. θ Yes θ No Is the diagnosis or indication for the treatment of non-infectious intermediate, posterior, and panuveitis in adult patients? ***(if NO, skip to question 16)***

14. θ Yes θ No Has the member previously used at least one oral corticosteroid prior to the initiation of Simlandi?

15. θ Yes θ No Has the member previously used a biologic (for example, but not limited to etanercept (Enbrel), apremilast (Otezla), ustekinumab (Stelara), etc.) or is currently using adalimumab (Simlandi)?

16. θ Yes θ No Is the diagnosis or indication for the treatment of psoriatic arthritis?

17. θ Yes θ No Is the diagnosis or indication for the treatment of moderately to severely active Crohn's disease?

18. θ Yes θ No Is the diagnosis or indication for the treatment of adults with moderate to severe active Ulcerative Colitis?

19. θ Yes θ No Is the diagnosis or indication for the treatment of moderate to severe Hidradenitis Suppurativa?

Please document the diagnosis, 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