VillageHealth
by SCAN Health Plan®

Cosentyx

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 indication or diagnosis for the treatment of ankylosing spondylitis or non-radiographic axial spondyloarthritis? ***(if YES, skip to question 3)***

2. θ Yes θ No Is the indication or diagnosis for the treatment of active enthesitis-related arthritis (ERA) in patients 4 years of age and older?

3. θ Yes θ No Has the member previously used at least one NSAID (e.g. celecoxib, naproxen, sulindac, etc.) prior to the initiation of secukinumab (Cosentyx)? ***(if NO, skip to question 8).***

4. θ Yes θ No Is the indication or diagnosis for the treatment of moderate to severe plaque psoriasis in patients who are candidates for systemic therapy or phototherapy?

5. θ Yes θ No Has the member previously used at least one systemic therapy (e.g., methotrexate, cyclosporine, acitretin, etc.) prior to the initiation of secukinumab (Cosentyx) if the member is a candidate for systemic therapy? ***(if NO, skip to question 8).***

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

7. θ Yes θ No Is the indication or diagnosis for the treatment of hidradenitis suppurative?

8. θ Yes θ No Has the member previously used a biologic for their medical condition or is currently using secukinumab (Cosentyx)?

9. θ Yes θ No Is the prescription written or recommended by a rheumatologist or dermatologist?

10. θ Yes θ No Will the requested medication be used concomitantly with biologic DMARDs (e.g., TNF Antagonists)?

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