



Adempas

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](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:
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**SECTION A** Please answer the following questions

1.  Yes  No Is the indication for the treatment of pulmonary arterial hypertension (PAH) (WHO Group 1)? *(If Yes, skip to question 3.)*
2.  Yes  No Is the indication for the treatment of persistent or recurrent chronic thromboembolic pulmonary hypertension (CTEPH) (WHO Group 4) after surgical treatment or inoperable CTEPH?
3.  Yes  No Is the member a female of reproductive potential? *(If No, skip to question 5.)*
4.  Yes  No Is the member pregnant?
5.  Yes  No Is the member concurrently taking nitrates or nitric oxide donors (e.g., nitroglycerin, isosorbide mononitrate or dinitrate, amyl nitrite, etc.)?
6.  Yes  No Is the member concurrently taking specific PDE-5 inhibitors (e.g., sildenafil, tadalafil, etc.)?
7.  Yes  No Is the member concurrently taking nonspecific PDE inhibitors (e.g., dipyridamole, theophylline, etc.)?
8.  Yes  No Is Adempas being prescribed or recommended by a Pulmonologist or Cardiologist?

**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

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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.scanhealthplan.com>