



**Alosetron**

**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:
-------------	------------

**SECTION A**

Please answer the following questions

- Yes  No Is the indication or diagnosis for severe diarrhea-predominant chronic irritable bowel syndrome (presence of diarrhea and one or more of the following: frequent and severe abdominal pain/discomfort, frequent bowel urgency or fecal incontinence, or disability or restriction of daily activities due to IBS)?
- Yes  No Does the patient have constipation?
- Yes  No Does the patient have a history of chronic or severe constipation or sequelae from constipation, intestinal obstruction, stricture, toxic megacolon, gastrointestinal perforation, and/or adhesions, ischemic colitis, impaired intestinal circulation, thrombophlebitis, or hypercoagulable state, Crohn's disease or ulcerative colitis, diverticulitis, or severe hepatic impairment?
- Yes  No Will alosetron be used concomitantly with fluvoxamine?
- Yes  No Will alosetron be administered to a woman?
- Yes  No Has the patient's chronic IBS symptoms lasted for at least 6 months?
- Yes  No Does the patient have any anatomic or biochemical abnormalities of the gastrointestinal tract?

8.  Yes  No Does the patient have documented use of an antispasmodic (e.g., dicyclomine, etc.) or antidiarrheal agent (e.g., loperamide, etc.) for the current condition prior to the initiation of alosetron?
9.  Yes  No Is the prescription written or recommended by a gastroenterologist?

***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.scanhealthplan.com>