

Alosetron

Express Scripts Prior Authorization Phone 1-844-424-8886 Fax 1-877-251-5896

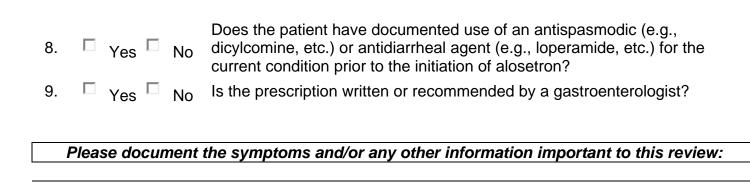
To start your Part D Coverage Determination request, you (or your representative or your doctor or other prescriber) should contact Express Scripts, Inc (ESI):

- 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

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:

1.	SECTION A	Please answer the following questions 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)?
2.	🗆 Yes 🗖 No	Does the patient have constipation?
3.	□ 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?
4.	🗆 Yes 🗖 No	Will alosetron be used concomitantly with fluvoxamine?
5.	🗆 Yes 🗆 No	Will alosetron be administered to a woman?
6.	🗆 Yes 🗖 No	Has the patient's chronic IBS symptoms lasted for at least 6 months?
7.	🗆 Yes 🗖 No	Does the patient have any anatomic or biochemical abnormalities of the gastrointestinal tract?



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