



Atgam

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:
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This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A		Please answer the following questions
1.	<input type="radio"/> Yes <input type="radio"/> No	Is the member currently taking the requested medication?
2.	<input type="radio"/> Yes <input type="radio"/> No	Is the indication or diagnosis for the treatment of moderate to severe aplastic anemia? <i>(If No, skip to question 5.)</i>
3.	<input type="radio"/> Yes <input type="radio"/> No	Is the member a candidate for bone marrow transplantation?
4.	<input type="radio"/> Yes <input type="radio"/> No	Is the member's aplastic anemia secondary to neoplastic disease, storage disease, myelofibrosis, Fanconi's syndrome, or in a member known to have been exposed to myelotoxic agents or radiation?
5.	<input type="radio"/> Yes <input type="radio"/> No	Will Atgam be administered in renal transplant patients?
6.	<input type="radio"/> Yes <input type="radio"/> No	Will Atgam be administered as an adjunct to other immunosuppressive therapy to delay the onset of the first rejection episode?
7.	<input type="radio"/> Yes <input type="radio"/> No	Will Atgam be administered for the management of allograft rejection concomitantly with conventional therapy at the time of rejection?
8.	<input type="radio"/> Yes <input type="radio"/> No	Is the prescription written or recommended by a nephrologist, hematologist, oncologist, or transplant specialist?
9.	<input type="radio"/> Yes <input type="radio"/> No	Has the member experienced a severe systemic reaction during prior administration of Atgam or any other equine gamma globulin preparation?

10. Yes No Is the medication supplied by Retail, Home Infusion, Long Term Care (LTC) or other pharmacies?
11. Yes No Is the medication supplied and administered by a Physician's office?
12. If **No** to the previous question, please document how the medication is being supplied:

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>