



**Step Therapy –  
Antidiabetic Agents**

**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:
Is this medication a new start? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a continuation of therapy? <input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION A** Please answer the following questions

**Please answer questions 1-4 for all antidiabetic Step Therapy drugs:**

1.  Yes  No Is the member currently taking the requested medication? (**If "No", proceed to question 3).**)
2.  Yes  No Is the member stabilized on the current drug and does the member have a high risk of significant adverse clinical outcome with a medication change?
3.  Yes  No Has the member tried metformin or metformin ER for the current condition?
4.  Yes  No Is metformin or metformin ER likely to be ineffective or likely to cause an allergy/adverse reaction or other harm to the member?

**Please also answer question 5 if requested drug is Ozempic, Trulicity, or Victoza:**

5.  Yes  No Does the member have established cardiovascular disease or multiple cardiovascular risk factors and the requested medication is being used to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus?

**Please also answer question 6-7 if requested drug is Invokana, Invokamet, or Invokamet XR:**

6.  Yes  No Does the member have established cardiovascular disease or multiple cardiovascular risk factors and the requested medication is being used to reduce the risk of major adverse cardiovascular events (cardiovascular death, non-fatal myocardial infarction, or non-fatal stroke) in adults with type 2 diabetes mellitus?
7.  Yes  No Does the member have diabetic nephropathy and the requested medication is being used to reduce the risk of end-stage kidney disease (ESKD), doubling of serum creatinine, cardiovascular (CV) death, and hospitalization for heart failure?

**Please also answer question 8-9 if requested drug is Farxiga or Xigduo XR:**

8.  Yes  No Does the member have established cardiovascular disease or multiple cardiovascular risk factors and the requested medication is being used to reduce the risk of hospitalization for heart failure in adults with type 2 diabetes mellitus?
9.  Yes  No Does the member have heart failure (NYHA class II-IV) with reduced ejection fraction and the requested medication is being used to reduce the risk of cardiovascular death and hospitalization for heart failure?
10.  Yes  No Does the member have chronic kidney disease and is at risk of progression?

**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 Step Therapy criteria online at <http://www.scanhealthplan.com>