



Corlanor

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 or diagnosis for stable symptomatic heart failure due to dilated cardiomyopathy in patients 6 months or older?
2.  Yes  No Is the indication or diagnosis to reduce the risk of hospitalization for worsening heart failure in adult patients with stable, symptomatic heart failure?
3.  Yes  No Does the member have a left ventricular ejection fraction less than or equal to 35%, and in sinus rhythm with resting heart rate greater than or equal to 70 beats per minute?
4.  Yes  No Is the member on maximally tolerated dose of beta-blocker or has a contraindication to beta-blocker use?
5.  Yes  No Does the member have acute decompensated heart failure?
6.  Yes  No Does the member have sick sinus syndrome, sinoatrial block or 3rd degree AV block?
7.  Yes  No Does the member have a functioning demand pacemaker present?
8.  Yes  No Does the member have a resting heart rate of less than 60 bpm prior to treatment?
9.  Yes  No Does the member have severe hepatic impairment?

- 10  Yes  No Is the member pacemaker dependent (i.e., is the member's heart rate maintained exclusively by the pacemaker)?
- 11  Yes  No Will Corlanor be used in combination with strong cytochrome CYP3A4 inhibitors (e.g., itraconazole, clarithromycin, telithromycin, nelfinavir, nefazodone, etc.)?
- 12  Yes  No Is the prescription written or recommended by a 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>