

Member's Last Name:

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 First Name:

SCAN ID number:		Date of Birth:		
Prescriber's Name: Office phone:		Contact Person:		
		Office Fax:		
Medication:		Diagnosis:		
SECTION A	Please answer the followi	na auestions		
		n for the acute treatment of migraine headaches		
2. θ Yes θ No Has the member used at least one generic triptan therapy (e.g., sumatriptan, zolmitriptan, naratriptan, rizatriptan, etc.) prior to the initiation of dihydroergotamine (unless contraindicated) or has the member had an inadequate response to triptan therapy?				
Please document the symptoms and/or any other information important to this review:				

	SECTION B Physician Signature	
<u> </u>	PHYSICIAN SIGNATURE	DATE
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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