



Farydak

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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SECTION A Please answer the following questions

1. Yes No Is the member currently taking the requested medication?
2. Yes No Is the indication or diagnosis for the treatment of patients with multiple myeloma?
3. Yes No Will Farydak be used in combination with bortezomib (Velcade) and dexamethasone?
4. Yes No Is the member's baseline platelet count is equal to or greater than 100 x 10⁹/L?
5. Yes No Is the member's baseline absolute neutrophil count is equal to or greater than 1.5 x 10⁹/L?
6. Yes No Is the member's baseline QTcF is less than 450 msec?
7. Yes No Does the member have abnormal electrolyte values? *If no, skip question 7.*

8. Yes No Will abnormal electrolyte values be corrected prior to initiation of Farydak?
9. Yes No Is the prescription written or recommended by an oncologist?
10. Yes No Has the patient used at least two prior therapies including bortezomib (Velcade) and an immunomodulatory agent (e.g., thalidomide (Thalomid), lenalidomide (Revlimid), pomalidomide (Pomalyst), etc.) in the treatment of the patient's disease/medical condition prior to the initiation of Farydak?
11. Yes No Will the following tests be performed prior to the initiation of Farydak: a) Baseline CBC, b) ECG and c) serum electrolytes (e.g., potassium, magnesium, etc.)?
If YES, document the patient's lab values if available:
- _____
- _____
- _____
- _____
- _____
- _____

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>