



scan™

Fasenra

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:

SECTION A

Please answer the following questions

1. ☐ Yes ☐ No Will the requested medication be concurrently used with Xolair or another Anti-Interleukin (IL) Monoclonal Antibody?
2. ☐ Yes ☐ No Is the patient greater than or equal to 6 year(s) of age?
3. ☐ Yes ☐ No Is the indication or diagnosis for the treatment of eosinophilic granulomatosis with polyangiitis? *(If YES, proceed to question 10).*
4. ☐ Yes ☐ No Is the indication or diagnosis for the treatment of severe asthma with an eosinophilic phenotype?
5. ☐ Yes ☐ No Will the requested medication be used as add-on treatment to inhaled or systemic steroids (and not as a single agent)?
6. ☐ Yes ☐ No Has the member been unable to achieve adequate asthma control while on maximum tolerated inhaled corticosteroid therapy in combination with a long-acting beta agonist, unless contraindicated?

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| <i>Please document the symptoms and/or any other information important to this review:</i> |
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PHYSICIAN SIGNATURE

FAX COMPLETED FORM TO: 1-877-251-5896

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