



Ganciclovir injection

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

Form with fields: Member's Last Name, Member's First Name, SCAN ID number, Date of Birth, Prescriber's Name, Contact Person, Office phone, Office Fax.

Form with fields: Medication, Diagnosis.

This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A Please answer the following questions

- 1. Yes No Is the requested product being given via an infusion pump?
2. Yes No Will the patient be receiving the requested medication in their home? NOTE: If a patient resides in a Long-Term-Care (LTC) facility ( for example, a patient residence code is 03 - nursing home) or if a patient resides in the intermediate care facility (for example, a patient residence code is 09), this facility is NOT considered the patient's home.
3. Yes No Is the indication or diagnosis for the treatment of cytomegalovirus (CMV) retinitis in immunocompromised patients, including patients with AIDS?
4. Yes No Is the indication or diagnosis for the prevention of cytomegalovirus (CMV) disease in transplant recipients at high risk for CMV disease?
5. Yes No Is the member's absolute neutrophil count (ANC) greater than or equal to 500 cells/microliter?

6.  Yes  No Is the member's platelet count greater than or equal to 25,000 cells/microliter?
7.  Yes  No Is the prescription written or recommended by an Infectious Disease Specialist, Transplant Specialist, or Ophthalmologist?

***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>