



Harvoni

**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 the treatment of chronic hepatitis C, HCV genotype 1a, 1b, 4, 5, or 6 infection?
2.  Yes     No    Has the member's HCV infection been confirmed via detectable serum hepatitis C virus RNA by quantitative assay?  
  
*Document the HCV RNA level: \_\_\_\_\_*
3.  Yes     No    Was the prescription initially written or recommended by an Infectious Disease Specialist, Gastroenterologist, or Hepatologist?
4. Is the member 1) treatment-naïve OR 2) treatment-experienced?  
 Yes     No    Treatment naïve  
 Yes     No    Treatment experienced
5.  Yes     No    Does the member have liver cirrhosis?
6.  Yes     No    Does the member have a liver transplant?

**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

\_\_\_\_\_  
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>