



Iclusig

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 Is the member currently taking the requested medication?
2. Is the diagnosis for the treatment of:
 Yes No Chronic phase (CP) chronic myeloid leukemia (CML) with resistance or intolerance to at least two prior kinase inhibitors?
 Yes No Accelerated phase (AP) or blast phase (BP) chronic myeloid leukemia (CML) for whom no other kinase inhibitors are indicated?
 Yes No T315I-positive chronic phase, accelerated phase, or blast phase CML
 Yes No T315I-positive Philadelphia chromosome-positive acute lymphoblastic leukemia (Ph+ALL)
 Yes No Newly diagnosed Ph+ALL in combination with chemotherapy?
 Yes No Ph+ALL as monotherapy for whom no other kinase inhibitors are indicated?

3. Yes No Is the prescription written or recommended by an Oncologist or Hematologist?
4. Yes No Will baseline CBC, LFTs, and eye examination be performed prior to initiation of Iclusig?

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>