Imbruvica

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. θ Yes θ No Is the member currently taking the requested medication?
2. θ Yes θ No Is the prescription written or recommended by an oncologist or hematologist?
3. θ Yes θ No Is the diagnosis or indication for the treatment of mantle cell lymphoma (MCL)?
4. θ Yes θ No Has the member used at least one prior therapy for mantle cell lymphoma (e.g., bortezomib, lenalidomide, etc.)prior to the initiation of Imbruvica?
5. θ Yes θ No Is the diagnosis or indication for the treatment of chronic lymphocytic leukemia (CLL) or chronic lymphocytic leukemia (CLL) with 17p deletion?
6. θ Yes θ No Is the diagnosis or indication for the treatment of Waldenstrom's macroglobulinemia (WM)?
7. θ Yes θ No Is the diagnosis or indication for the treatment of small lymphocytic lymphoma (SLL) or small lymphocytic lymphoma (SLL) with 17p deletion?
8. θ Yes θ No Is the diagnosis or indication for the treatment of marginal zone lymphoma?
9. θ Yes θ No Has the member used at least one anti-CD-20 based therapy for marginal zone lymphoma prior to the initiation of Imbruvica?

10 θ Yes θ No Is the indication or diagnosis for the treatment of chronic graft versus host disease (cGVHD)?

11 θ Yes θ No Has the member previously tried one or more lines of systemic therapy (e.g. corticosteroids, etc.)?

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