

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:
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SECTION A

Please answer the following questions

1. Yes No Is the member currently taking the requested medication?
2. Yes No Is the diagnosis or indication for the treatment of mantle cell lymphoma (MCL)?
(If No, skip to question 4.)
3. Yes No Is there documentation of disease relapse or progression on at least two prior therapies including bortezomib prior to the initiation of Revlimid?
4. Yes No Is the diagnosis or indication for the treatment of transfusion-dependent anemia due to low-or intermediate-1-risk myelodysplastic syndromes (MDS)? *(If No, skip to question 6.)*
5. Yes No Is the disease associated with a deletion 5q cytogenetic abnormality with or without additional cytogenetic abnormalities confirmed by testing?
6. Yes No Is the diagnosis or indication for the treatment of chronic lymphocytic leukemia (CLL)?
(If No, skip to question 8.)
7. Yes No Is the patient in a controlled clinical trial?
8. Yes No Is the diagnosis or indication for the treatment of multiple myeloma? *(If No, skip to question 11.)*
9. Yes No Is Revlimid being used in combination with dexamethasone? *(If Yes, skip to question 13.)*

- 10. Yes No Is Revlimid being used as maintenance therapy following autologous hematopoietic stem cell transplantation (auto-HSCT)? *(If Yes, skip to question 13.)*
- 11. Yes No Is the diagnosis or indication for the treatment of follicular lymphoma, in combination with a rituximab product?
- 12. Yes No Is the diagnosis or indication for the treatment of marginal zone lymphoma, in combination with a rituximab product?
- 13. Yes No Is the prescription written or recommended by an Oncologist or hematologist?
- 14. Yes No Is the member a female of reproductive potential? *(If No, skip question 15)*
- 15. Yes No Is the member pregnant?

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>