

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 Does the member have a diagnosis of hyperglycemia secondary to hypercortisolism in adult patients with endogenous Cushing's syndrome who have type 2 diabetes mellitus or glucose intolerance?
2. ☐ Yes ☐ No Has the member failed surgery or is not a candidate for surgery?
3. ☐ Yes ☐ No Does the member have type 2 diabetes mellitus unrelated to endogenous Cushing's syndrome?
4. ☐ Yes ☐ No Is the prescription written or recommended by an endocrinologist?
5. ☐ Yes ☐ No Is the member female? *(If no, skip to question 9).*
6. ☐ Yes ☐ No Is the member a female of reproductive potential?
7. ☐ Yes ☐ No Is the member pregnant?
8. ☐ Yes ☐ No Does the member have a history of unexplained vaginal bleeding?
9. ☐ Yes ☐ No Does the member have endometrial hyperplasia with atypia or endometrial carcinoma?
10. ☐ Yes ☐ No Does the member require concomitant treatment with systemic corticosteroids for serious medical conditions or illnesses (e.g., immunosuppression after organ transplantation)?

11. ☐ Yes ☐ No Is the member using simvastatin, lovastatin, and CYP3A substrates with narrow therapeutic range (e.g., cyclosporine, dihydroergotamine, ergotamine, fentanyl, pimozone, quinidine, sirolimus, tacrolimus, 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>