



Morphine Equivalent Daily Dose Safety Limit (Opioids)

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

Form with fields: Member's Last Name, Member's First Name, SCAN ID number, Date of Birth, Prescriber's Name, Contact Person, Office phone, Office Fax

Form with fields: Medication, Diagnosis

SECTION A Please answer the following questions

- 1. Yes No Is the patient being treated in a Medicare-covered hospice program? (If No, proceed to question 3).
2. Yes No Is the requested medication unrelated to the hospice beneficiary's terminal illness?
3. Yes No Does the patient have a diagnosis of cancer?
4. Yes No The patient's medical profile shows that the patient is on one or several opioids that exceeded the accumulated morphine equivalent dose of 240mg per day. Do the patient's clinical circumstances necessitate the amount of opioid prescribed in order to adequately manage the patient's pain?
5. Yes No Are there any additional opioids that the patient is currently taking with the requested opioid to adequately manage the patient's pain?
6. If Yes to the previous question, please document the name and strength of the additional opioid(s) below.

Four horizontal lines for documenting additional opioid information.

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>