



Ofev

**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:
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SECTION A Please answer the following questions

1. Yes No Is the indication or diagnosis for the treatment of idiopathic pulmonary fibrosis?
2. Yes No Has the indication or diagnosis of idiopathic pulmonary fibrosis been confirmed (e.g., via high-resolution computed tomography (HRCT) demonstrating usual interstitial pneumonia (UIP), etc.)?
3. Yes No Is the diagnosis or indication for the treatment of systemic sclerosis-associated interstitial lung disease (SSc-ILD)?
4. Yes No Is the diagnosis or indication for the treatment of chronic fibrosing interstitial lung diseases (ILDs) with a progressive phenotype?
5. Yes No Is the prescription written or recommended by a pulmonologist?
6. Yes No Is Ofev being used in a patient on pirfenidone?
7. Yes No Does the patient have moderate or severe hepatic impairment (Child-Pugh Class B or C)?
8. Yes No Are the following laboratory tests performed prior to initiation of Ofev: liver function tests: ALT, AST, bilirubin?

(Document the patient's Liver function tests: ALT, AST, bilirubin):

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>