



Pegasys

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. ☐ Yes ☐ No Is this medication being used for the treatment of chronic hepatitis C (CHC) in combination with other hepatitis C virus (HCV) drugs in an adult with compensated liver disease or as monotherapy only if the patient has a contraindication or significant intolerance to other HCV drugs?
2. ☐ Yes ☐ No Is this medication being used for the treatment of chronic hepatitis C (CHC) in combination with ribavirin for pediatric patients 5 years of age and older with compensated liver disease?
3. ☐ Yes ☐ No Is this medication being used for the treatment of HBeAg-positive and HBeAg-negative Chronic Hepatitis B (CHB) infection in an adult who has compensated liver disease and evidence of viral replication and liver inflammation?
4. ☐ Yes ☐ No Is this medication being used for the treatment of HBeAg-positive Chronic Hepatitis B (CHB) in non-cirrhotic pediatric patients 3 years of age and older with evidence of viral replication and elevations in serum alanine aminotransferase (ALT)?
5. ☐ Yes ☐ No Does the member have autoimmune hepatitis?
6. ☐ Yes ☐ No Is the member a cirrhotic patient with hepatic decompensation?

7. ☐ Yes ☐ No Was the prescription written or recommended by an Infectious Disease Specialist, Gastroenterologist, or Hepatologist?

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>