



**Perphenazine-
Amitriptyline**

**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 the member currently taking the requested medication?
2. ☐ Yes ☐ No Is perphenazine-amitriptyline being used for the treatment of depressive symptoms in a patient with schizophrenia?
3. ☐ Yes ☐ No Is perphenazine-amitriptyline being used for the treatment of 1) patients with moderate to severe anxiety and/or agitation and depressed mood, or 2) patients with depression in whom anxiety and/or agitation are severe, or 3) patients with depression and anxiety in association with chronic physical disease?
4. ☐ Yes ☐ No Is the member 65 years of age or older?
5. ☐ Yes ☐ No The requested medication is considered a high risk medication in the elderly. Does the member's clinical circumstances necessitate the use of this high risk medication in the elderly in order to adequately manage the member's condition?

[illegible]

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>