



Phenobarbital

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. What is the member's diagnosis or indication?

Blank lines for answer to question 1

2. Please list any other medications that were tried for the patient's current condition?

Blank lines for answer to question 2

3. Yes No If the diagnosis is a seizure disorder, has the member used at least one formulary anticonvulsant in the treatment of the member's disease/medical condition prior to the initiation of phenobarbital (or has a formulary anticonvulsant caused or is likely to cause an allergy/adverse reaction or other harm to the member)? NOTE: Document below the medications used, any contraindications or adverse outcome(s), and any anticipated significant adverse clinical outcome(s):

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4. If the member is 65 years of age or older, is there any other type of clinical justification for the use of this drug?

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**Please document the symptoms and/or any other information important to this review:**

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

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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>