



Rebif,
Rebif Titration Pack

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 diagnosis or indication for the treatment of documented relapsing forms of multiple sclerosis (e.g., relapsing-remitting MS) to decrease the frequency of clinical exacerbations and delay the accumulation of physical disability?
2. Yes No Does the member have a history of hypersensitivity to natural or recombinant interferon, human albumin, or any other component of the formulation?
3. Yes No Is the member at high risk for developing multiple sclerosis defined by the following: member has had a first clinical episode with MRI features (e.g., MRI-detected brain lesions) consistent with multiple sclerosis?
4. Yes No Was the prescription for Rebif initially written or recommended by a neurologist?

Please document the symptoms and/or any other information important to this review:
[Blank lines for documentation]

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>