Releuko

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. θ Yes θ No Is the diagnosis or indication to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever?

2. θ Yes θ No Is the diagnosis or indication to reduce the time to neutrophil recovery and duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML)?

3. θ Yes θ No Is the diagnosis or indication to reduce the duration of neutropenia and neutropenia-related clinical sequelae (e.g., febrile neutropenia), in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation?

4. θ Yes θ No Is the diagnosis or indication for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia?

5. θ Yes θ No Is the diagnosis or indication for the treatment of neutropenia associated myelodysplastic syndrome, hairy cell leukemia, aplastic anemia, or severe neutropenia in HIV-infected patients on antiretroviral therapy?

6. θ Yes θ No Will a baseline complete blood count (CBC) and platelet count be performed prior to the initiation of Releuko?

7. θ Yes θ No Is the prescription being written or recommended by an Oncologist, Hematologist, or Infectious Disease Specialist?

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