



Remodulin

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

This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

SECTION A Please answer the following questions

- 1. Yes No Is Remodulin going to be used in patients with PAH requiring transition from Flolan (epoprostenol sodium) to diminish the rate of clinical deterioration?
2. Yes No Is the diagnosis or indication for the treatment of pulmonary arterial hypertension (PAH) (WHO Group One) to diminish symptoms associated with exercise in patients with NYHA Functional Class II-IV symptoms. If no, please specify patient's diagnosis or indication below:
3. Yes No Is Remodulin being prescribed by a Pulmonologist or a Cardiologist?
4. Yes No Is the medication supplied and administered by a Physician's office?

5. Yes No Is the medication supplied by Retail, Home Infusion, Long Term Care (LTC) or other pharmacies? *(Please specify):*

6. Yes No Will Remodulin be administered under the supervision of a healthcare provider who is experienced in the treatment of PAH in a setting with adequate personnel and equipment for physiological monitoring and emergency care?

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>