



Restasis

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. What is the member's diagnosis or indication?

Three horizontal lines for text entry

- 2. Yes No Is the diagnosis or indication for tear deficiency due to ocular inflammation in patients with keratoconjunctivitis sicca?
3. Yes No Does the patient have active ocular infection?
4. Yes No Is the patient 16 years of age or older?
5. Yes No Are artificial tears, topical anti-inflammatory ophthalmics, or punctal plugs not appropriate or indicated for the patient?
6. Yes No Has the patient used artificial tears or topical anti-inflammatory ophthalmics (e.g., fluoromethalone) or punctal plugs prior to the use of Restasis, if appropriate or indicated for the patient? Please list any other medications that were tried for the patient's current condition:

Three horizontal lines for text entry

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>