



RYDAPT

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. Yes No Is the member currently taking the requested medication?
2. Yes No Is the diagnosis or indication for the treatment of acute myeloid leukemia (AML) that is FLT3 mutation-positive? *(if NO, skip to question 6)*
3. Yes No Was an FDA-approved test (for example, LeukoStrat CDx FLT3 Mutation Assay, etc.) used to detect the positive FLT3 mutation?
4. Yes No Will RYDAPT be used as a single-agent induction therapy in patients with acute myeloid leukemia?
5. Yes No Will RYDAPT be used in combination with standard cytarabine and daunorubicin induction and cytarabine consolidation?
6. Yes No Is the diagnosis or indication for the treatment of aggressive systemic mastocytosis (ASM)?
7. Yes No Is the diagnosis or indication for the treatment of systemic mastocytosis with associated hematological neoplasm (SM-AHN)?

- 8. Yes No Is the diagnosis or indication for the treatment of mast cell leukemia?
- 9. Yes No Was a baseline complete blood count (CBC) performed prior to initiation of RYDAPT?
- 10. Yes No Was a baseline platelet count performed prior to initiation of RYDAPT?
- 11. Yes No Will RYDAPT be concomitantly used with strong CYP3A inducers (for example, rifampin, carbamazepine, phenytoin, etc)?
- 12. Yes No Is the prescription written or recommended by an oncologist, allergist, or hematologist?

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>