



Sylatron

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:
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SECTION A Please answer the following questions

1. Yes No Is the indication or diagnosis for the adjuvant treatment of melanoma with microscopic or gross nodal involvement within 84 days of definitive surgical resection including complete lymphadenectomy?
2. Yes No Is the prescription written or recommended by an oncologist?
3. Yes No Does the patient have known serious hypersensitivity reactions to peginterferon alfa-2b or interferon alfa-2b?
4. Yes No Does the patient have a diagnosis of autoimmune hepatitis or hepatic decompensation (Child-Pugh score greater than 6 [class B and C])?
5. Yes No Does the patient have severe depression, psychosis, or encephalopathy?
6. Yes No Is the patient's 1) ANC (absolute neutrophil count) greater than or equal to 0.5 x 10 to the 9th power/L, 2) Platelet count greater than or equal to 50 x 10 to the 9th power/L and 3) ECOG (Eastern Cooperative Oncology Group) performance status is 0-1?

7. Yes No Does the patient have preexisting retinopathy? *If no, skip question 8.*
8. Yes No If the patient has preexisting retinopathy, will an eye examination be performed prior to initiation of Sylatron?
9. Are the following tests being performed prior to initiation of Sylatron: Serum bilirubin, ALT, AST, alkaline phosphatase, and LDH (lactic dehydrogenase)?

Yes (Document patient's test results):

No

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>