



Targretin, bexarotene capsule

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 diagnosis or indication?

Blank lines for answer to question 1

- 2. Yes No Is the member currently taking the requested medication?
3. Is the request for: oral Targretin, topical Targretin
4. Yes No Is the diagnosis or indication for the treatment of cutaneous T-cell lymphoma?
5. Yes No Is the diagnosis or indication for cutaneous lesions in patients with Stage IA or IB T-cell lymphoma (CTCL)?
6. Yes No Are the following laboratory tests performed prior to initiation of oral Targretin: Liver function tests: ALT/AST, Fasting lipid panel, WBC, thyroid function tests?
7. Yes No Was the prescription written or recommended by an oncologist or

dermatologist?

8.  Yes  No Was the patient prescribed at least one other systemic or topical therapy for the current condition prior to initiation of Targretin?

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

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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>