

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

- ☐ Yes ☐ No Is the member currently taking the requested medication?
- ☐ Yes ☐ No Is the diagnosis or indication for the treatment of adult patients with newly diagnosed acute myeloid leukemia (AML) that is FLT3 internal tandem duplication (ITD)-positive as detected by an FDA-approved test (for example, LeukoStrat CDx FLT3 Mutation Assay, etc.)?
- ☐ Yes ☐ No Will Vanflyta be used in combination with standard cytarabine and anthracycline induction or cytarabine consolidation? *(if yes, skip question 4)*
- ☐ Yes ☐ No Will Vanflyta be used as maintenance monotherapy following consolidation chemotherapy?
- ☐ Yes ☐ No Does the member have severe hypokalemia, severe hypomagnesemia, or long QT syndrome?
- ☐ Yes ☐ No Does the member have a history of ventricular arrhythmias or torsades de pointes?
- ☐ Yes ☐ No Will a baseline ECG, potassium and magnesium level be obtained prior to the initiation of Vanflyta?
- ☐ Yes ☐ No Is the prescription written or recommended by an oncologist or hematologist?

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

SECTION BPhysician 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>