Step Therapy – Antidiabetic Agents (Invokana, Farxiga)

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:
Is this medication a new start? ☐ Yes ☐ No	Is this a continuation of therapy? ☐ Yes ☐ No

SECTION A Please answer the following questions

1. θ Yes θ No Is the member currently taking the requested medication? ***(If "No", proceed to question 3).***
2. θ Yes θ No Is the member stabilized on the current drug and does the member have a high risk of significant adverse clinical outcome with a medication change?
3. θ Yes θ No Is the request for Farxiga to treat heart failure (NYHA class II through IV) with reduced ejection fraction?
4. θ Yes θ No Has the member tried metformin or metformin ER for the current condition?
5. θ Yes θ No Is metformin or metformin ER likely to be ineffective or likely to cause an allergy/adverse reaction or other harm to the member?
6. θ Yes θ No Does the member have established cardiovascular disease, multiple cardiovascular risk factors, or diabetic nephropathy (diabetic kidney disease)?

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 Step Therapy criteria online at http://www.villagehealthca.com