



## Bosulif

**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](mailto: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 indication or diagnosis for the treatment of adult patients with newly-diagnosed chronic phase Philadelphia chromosome positive chronic myelogenous leukemia (Ph+ CML)?
3.  Yes  No Is the indication or diagnosis for treatment of adult patients with chronic, accelerated, or blast phase Philadelphia chromosome positive chronic myelogenous leukemia (CML) with resistance or intolerance to prior therapy (e.g. imatinib (Gleevec), dasatinib (Sprycel), or nilotinib (Tasigna), etc.)?
4.  Yes  No Does the member have a history of hypersensitivity to Bosulif?
5.  Yes  No Was a baseline CBC (complete blood count) performed (i.e., within 6 months) prior to initiation of Bosulif?
6.  Yes  No Was a baseline liver function test (LFT) performed (i.e, within 6 months) prior to initiation of Bosulif?
7.  Yes  No Is the prescription written or recommended by an Oncologist?
8.  Yes  No Has the member received at least one prior therapy (e.g., imatinib (Gleevec), dasatinib (Sprycel), or nilotinib (Tasigna), etc.) prior to initiation of Bosulif?

***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

\_\_\_\_\_  
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.villagehealthca.com>