



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:

SECTION A

Please answer the following questions

1. Yes No Is the member currently taking the requested medication?
2. Yes No Is the diagnosis or indication for the treatment of schizophrenia? *(if NO, proceed to question 4)*
3. Yes No Has the member tried at least 2 other atypical antipsychotics (e.g., asenapine, aripiprazole, paliperidone, olanzapine, quetiapine, risperidone, ziprasidone, etc.) prior to the initiation of Caplyta?
4. Yes No Is the diagnosis or indication for the treatment of depressive episodes associated with bipolar I or II disorder (bipolar depression)?
5. Yes No Will Caplyta be used as monotherapy?
6. Yes No Will Caplyta be used as adjunctive therapy with lithium or valproate?
7. Yes No Does the member have neuroleptic malignant syndrome?

