



Cerdelga

**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:
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SECTION A Please answer the following questions

1. Yes No Is the indication or diagnosis for the treatment of Gaucher disease type 1 (GD1)?
2. Yes No Was the diagnosis of Gaucher disease type 1 (GD1) confirmed by laboratory or genetic testing?
3. Yes No Is there documentation that the patient is a CYP2D6 extensive metabolizer (EM), intermediate metabolizer (IM), or poor metabolizer (PM) as detected by an FDA-approved genotyping test?
4. Yes No Is the patient an extensive metabolizer (EM) or intermediate metabolizer (IM) taking a strong or moderate CYP2D6 inhibitor (e.g., paroxetine, terbinafine, etc.) concomitantly with a strong or moderate CYP3A inhibitor (e.g., ketoconazole, fluconazole, etc.)?
5. Yes No Is the patient an intermediate metabolizer (IM) or poor metabolizer (PM) taking a strong CYP3A inhibitor (e.g., ketoconazole, etc.)?
6. Yes No Does the patient have pre-existing cardiac disease (e.g., congestive heart failure, recent acute myocardial infarction, bradycardia, heart block, ventricular arrhythmia, etc.)?
7. Yes No Does the patient have long QT syndrome?

8. Yes No Will Cerdelga be taken concurrently with Class IA antiarrhythmic medications (e.g., quinidine, procainamide, etc.)?
9. Yes No Will Cerdelga be taken concurrently with Class III antiarrhythmic medications (e.g., amiodarone, sotalol, etc.)?

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 Prior Authorization criteria online at <http://www.villagehealthca.com>