

Eligard

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:	
	Medica	ation:		Diagnosis:	
	SECT	ION A	Please answer the follow	ring questions	
1.	θ Yes	θ Νο	Is the member currently taking the requested medication?		
2.	θ Yes	θ Νο	Is the indication or diagnosis for the treatment of advanced prostatic cancer?		
3.	θ Yes	θ Νο	Is Eligard being used in a woman who is or may become pregnant?		
4.	θYes	θ Νο	Will baseline electrolytes (e.g., potassium, magnesium, etc.), serum testosterone, PSA, and ECG be performed prior to initiation of Eligard? If Yes, please document the lab results:		

Please document the symptoms and/or any other in	nformation important to this review:
SECTION B Physician Signature	
PHYSICIAN SIGNATURE	DATE
I III SICIAN SIGNATURE	DAIL

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

FAX COMPLETED FORM TO: 1-877-251-5896