



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 Exxua being used for the treatment of major depressive disorder?
3. Yes No Will Exxua be used in patients with congenital long QT syndrome or prolonged QT interval at baseline (for example, QTcF greater than 450 msec, etc.)?
4. Yes No Will Exxua be concomitantly used with strong or moderate CYP3A inhibitors (for example, ketoconazole, et cetera) or strong or moderate CYP3A inducers (for example, rifampin, et cetera)?
5. Yes No Does the member have severe hepatic impairment (Child-Pugh Class C)?
6. Yes No Will Exxua be used concomitantly with monoamine oxidase inhibitors (MAOIs) (for example, but not limited to linezolid, intravenous methylene blue, etc.) or used within 14 days of stopping MAOIs?

