



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 diagnosis or indication for the treatment of chronic kidney disease associated with type 2 diabetes?
2. Yes No Is the member currently receiving a maximally tolerated labeled dosage of an angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB) (unless contraindicated)?
3. Yes No Will Kerendia be used concomitantly with spironolactone or eplerenone?
4. Yes No Is the member greater than or equal to 18 year(s) of age?
5. Yes No Has Kerendia been previously authorized by SCAN Health Plan for this member?
6. Yes No Does the member have an estimated glomerular filtration rate (eGFR) greater than or equal to 25 mL/min/1.73 m²?
7. Yes No Does the member have a urine albumin-to-creatinine ratio greater than or equal to 30mg/g?

