



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](mailto: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    Will Kerendia be used concomitantly with spironolactone or eplerenone?
2.     Yes     No    Is the member currently receiving a maximally tolerated labeled dosage of an angiotensin converting enzyme (ACE) inhibitor (for example, benazepril, enalapril, lisinopril, ramipril, etc.) or angiotensin receptor blocker (ARB) (for example, losartan, candesartan, olmesartan, valsartan, irbesartan, etc.) or is the member contraindicated for these therapies?
3.     Yes     No    Is the member greater than or equal to 18 year(s) of age?
4.     Yes     No    Is the diagnosis or indication for the treatment of chronic kidney disease associated with type 2 diabetes? *(if NO, skip to question 6)*
5.     Yes     No    Has Kerendia been previously authorized by SCAN Health Plan for this member? *(if NO, skip to question 8)*
6.     Yes     No    Is the diagnosis or indication for the treatment of heart failure with left ventricular ejection fraction (LVEF) greater than 40%?

