



**Mitoxantrone**

**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](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:
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**This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.**

**SECTION A** Please answer the following questions

1.  Yes  No
- Is the diagnosis or indication for one of the following: 1. Acute nonlymphocytic leukemia (in the initial therapy of acute nonlymphocytic leukemia (ANLL) in adults in combination with other approved drugs); OR 2. Prostate cancer (as initial chemotherapy for the treatment of patients with pain related to advanced hormone-refractory prostate cancer in combination with corticosteroids?)
2.  Yes  No
- Is the patient's baseline neutrophil count greater than 1,500 cells/mm<sup>3</sup> and baseline LVEF (left ventricular ejection fraction) greater than 50% confirmed by appropriate methodology (e.g., Echocardiogram, MUGA, MRI, etc.)?

3.  Yes  No Is the diagnosis or indication for reducing neurologic disability and/or the frequency of clinical relapses in patients with secondary (chronic) progressive, progressive relapsing, or worsening relapsing remitting Multiple Sclerosis (MS) (e.g., patients whose neurologic status is significantly abnormal between relapses)?

4. What is the patient's CBC and platelets prior to the initiation of Mitoxantrone?  
*Please document the patient's CBC and platelets*

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5.  Yes  No Is patient's bilirubin less than 3.4 mg/dL?

6.  Yes  No Is the diagnosis or indication for the treatment of patients with PRIMARY progressive Multiple Sclerosis (MS)?

7.  Yes  No Is Mitoxantrone being prescribed by an Oncologist or Neurologist?

8.  Yes  No Will laboratory and supportive services be available for hematologic and chemistry monitoring and will adjunctive therapies, including antibiotics, blood and blood products, be available to support patients during the expected period of medullary hypoplasia and severe myelosuppression?

9.  Yes  No Is the medication supplied by Retail, Home Infusion, Long Term Care (LTC) or other pharmacies?

10.  Yes  No Is the medication supplied and administered by a Physician's office?

***Please document the symptoms and/or any other information important to this review:***

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

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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>