



Ninlaro

**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:

Medication:	Diagnosis:
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- | SECTION A | <u>Please answer the following questions</u> |
|---|---|
| 1. <input type="radio"/> Yes <input type="radio"/> No | Is the member currently taking the requested medication? |
| 2. <input type="radio"/> Yes <input type="radio"/> No | Is the diagnosis or indication for treatment of multiple myeloma? |
| 3. <input type="radio"/> Yes <input type="radio"/> No | Will Ninlaro be used in combination with lenalidomide and dexamethasone? |
| 4. <input type="radio"/> Yes <input type="radio"/> No | Does the member have a baseline absolute neutrophil count (ANC) equal to or greater than 1,000/mm ³ ? |
| 5. <input type="radio"/> Yes <input type="radio"/> No | Does the member have a baseline platelet count equal to or greater than 75,000/mm ³ ? |
| 6. <input type="radio"/> Yes <input type="radio"/> No | Is the prescription written or recommended by an Oncologist? |
| 7. <input type="radio"/> Yes <input type="radio"/> No | Is there documentation of the member receiving at least one prior therapy (e.g., bortezomib, thalidomide, etc.) prior to the initiation of Ninlaro? |

<i>Please document the symptoms and/or any other information important to this review:</i>

PHYSICIAN SIGNATURE_____
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>