

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 acromegaly in patients who have had inadequate response to or cannot be treated with surgical resection, pituitary irradiation, and bromocriptine mesylate at maximally tolerated doses?
2. Yes No Does the member have blood levels of growth hormone (GH) and insulin growth factor-1 (IGF-1) above the upper limit of normal based on age and gender for the reporting laboratory?
3. Yes No Is the diagnosis or indication for the treatment of metastatic carcinoid tumors with symptoms of severe diarrhea and flushing episodes?
4. Yes No Is the diagnosis or indication for the treatment of profuse watery diarrhea associated with Vasoactive Intestinal Peptide-secreting tumors?

