



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 member currently taking the requested medication?
2. Yes No Is the prescription written or recommended by an Oncologist or Hematologist?
3. Yes No Is the medication being used in a pediatric patient? *(If NO, skip to question 6.)*
4. Yes No Is the indication or diagnosis for the treatment of Philadelphia chromosome-positive (Ph+) Chronic Myeloid Leukemia (CML) in chronic phase?
5. Yes No Is the indication or diagnosis for the treatment of newly diagnosed Philadelphia chromosome-positive (Ph+) Acute Lymphoblastic Leukemia (ALL) in combination with chemotherapy?
6. Yes No Is the indication or diagnosis for the treatment of adults with newly diagnosed Philadelphia chromosome-positive (Ph+) Chronic Myeloid Leukemia (CML) in chronic phase?

