



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. Is the requested medication brand Promacta or generic eltrombopag?
☐ BRAND Promacta → **proceed to question 2**
☐ GENERIC eltrombopag → **proceed to question 3**
2. ☐ Yes ☐ No Is the diagnosis or indication for the first line treatment of severe aplastic anemia in combination with standard immunosuppressive therapy (for example, corticosteroids, cyclosporine, etc.)? **(if YES, skip to question 8)**
3. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of thrombocytopenia in patients with chronic immune (idiopathic) thrombocytopenic purpura (ITP)?
4. ☐ Yes ☐ No Is the patient's current platelet count less than 30,000/microliter or less than 50,000/microliter with the risk factors for bleeding?
5. ☐ Yes ☐ No Has the patient had an insufficient response to corticosteroids, immunoglobulins, or splenectomy? **(if YES, skip to question 8)**
6. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of thrombocytopenia in patients with chronic hepatitis C whose degree of thrombocytopenia prevents the

initiation of interferon-based therapy or limits the ability to maintain interferon-based therapy? (if YES, skip to question 8)

7. ☐ Yes ☐ No Is the diagnosis of indication for the treatment of severe aplastic anemia in a patient who has had an insufficient response to immunosuppressive therapy?
8. ☐ Yes ☐ No Are the following laboratory tests performed prior to initiation of Promacta: CBC (complete blood count), liver function tests: ALT, AST, Bilirubin?

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

SECTION B

Physician Signature

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>