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. θ Yes θ No Is the indication or diagnosis for the treatment of chronic hepatitis C in HCV genotype 1a, 1b, 2, 3, 4, 5, or 6 infected patients?

2. θ Yes θ No Has the member's HCV infection been confirmed via detectable serum hepatitis C virus RNA by quantitative assay?

3. Please document the HCV RNA Level: _____

4. θ Yes θ No Will Epclusa be used concomitantly with P-gp inducers or moderate to potent CYP inducers (e.g., rifampin, St. John's wort, carbamazepine, etc.)?

5. θ Yes θ No Is the prescription written or recommended by an Infectious Disease Specialist, Gastroenterologist, or Hepatologist?

Continue to page 2

6. What is the member's hepatitis C virus genotype?
   θ Yes   θ No   Genotype 1a or 1b
   θ Yes   θ No   Genotype 2
   θ Yes   θ No   Genotype 3
   θ Yes   θ No   Genotype 4
   θ Yes   θ No   Genotype 5
   θ Yes   θ No   Genotype 6

7.   θ Yes   θ No   Does the member have decompensated cirrhosis (Child-Pugh B or C)?

8.   θ Yes   θ No   Will Epclusa be used in combination with ribavirin?

9.   θ Yes   θ No   Has the member failed prior sofosbuvir- or NS5A-based treatment prior to the initiation of Epclusa?

10. θ Yes   θ No   Is the member ineligible for ribavirin?

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

_____
_____
_____
_____
_____
_____

SECTION B   <u>Physician Signature</u>

_____   _____
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