

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 Will Tibsovo be used (in combination with azacitidine or as monotherapy) for the treatment of newly diagnosed acute myeloid leukemia (AML) with a susceptible isocitrate dehydrogenase-1 (IDH1) mutation (as detected by an FDA-approved test) in adults 75 years or older, or who have comorbidities that preclude use of intensive induction chemotherapy?
3. Yes No Is the diagnosis or indication for the treatment of adult patients with relapsed or refractory acute myeloid leukemia (AML) with a susceptible IDH1 mutation as detected by an FDA-approved test (e.g., Abbott RealTime IDH1)?
4. Yes No Is the diagnosis or indication for the treatment of relapsed or refractory myelodysplastic syndromes with a susceptible IDH1 mutation as detected by an FDA-approved test (e.g., Abbott RealTime IDH1)?
5. Yes No Is the diagnosis or indication for the treatment of previously treated, locally advanced or metastatic cholangiocarcinoma with a susceptible IDH1 mutation as detected by an FDA-approved test (e.g., Abbott RealTime IDH1)?

6. Yes No Does the member have Guillain-Barré syndrome?
7. Yes No Will Tibsovo be used concomitantly with strong CYP3A inducers (e.g., rifampin, etc.)?
8. Yes No Is the prescription written or recommended by an oncologist or hematologist?

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>