



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](mailto: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 Vowst being used to prevent clostridioides difficile infection (CDI) recurrence following antibacterial treatment in a patient with recurrent CDI (rCDI)?
2.  Yes  No Is Vowst being used for the treatment of CDI?
3.  Yes  No Is the member greater than or equal to 18 years of age?
4.  Yes  No Has the member previously received Vowst? (*if NO, skip to question 7*).
5.  Yes  No Has the member experienced treatment failure (defined as the presence of CDI diarrhea within 8 weeks of first dose of Vowst and a positive stool test for CDI) of Vowst?
6.  Yes  No Has the member received more than one treatment course of Vowst which was at least 12 days and not more than 8 weeks prior?
7.  Yes  No Has the member used at least 2 formulary therapies (e.g., oral vancomycin, oral metronidazole, Difucid, etc.) prior to the initiation of Vowst?

8.  Yes  No Is the prescription being written or recommended by an Infectious Disease Specialist?

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

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**SECTION B** Physician Signature

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PHYSICIAN SIGNATURE

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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>