



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 diagnosis or indication for the treatment of focal onset epileptic seizures?
3. Yes No Does the member have a diagnosis of familial short QT syndrome?
4. Yes No Does the member have end stage renal disease (ESRD) (creatinine clearance < 15mL/min) requiring dialysis?
5. Yes No Does the member have severe hepatic impairment (Child-Pugh Class C)?
6. Yes No Is the member greater than or equal to 18 year(s) of age?
7. Yes No Has the member used at least one formulary anticonvulsant (e.g., valproic acid, topiramate, etc.) prior to the initiation of Xcopri?
8. Yes No Is the prescription written or recommended by a Neurologist?

