



**Xpovio**

**Express Scripts  
Prior Authorization  
Phone 1-844-424-8886  
Fax 1-877-251-5896**

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:
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**SECTION A** Please answer the following questions

1.  Yes  No Is the member currently taking the requested medication?
2.  Yes  No Is the indication or diagnosis for the treatment of relapsed or refractory diffuse large B-cell lymphoma (DLBCL), not otherwise specified, including DLBCL arising from follicular lymphoma, after receiving at least two prior lines of systemic therapy? *(If yes, skip to question 7)*
3.  Yes  No Is the indication or diagnosis for the treatment of multiple myeloma in combination with bortezomib and dexamethasone in patients who have received at least one prior therapy? *(If yes, skip to question 7)*
4.  Yes  No Is the indication or diagnosis for the treatment of relapsed or refractory multiple myeloma?
5.  Yes  No Has the member received at least four prior therapies and whose disease is refractory to at least two proteasome inhibitors, at least two immunomodulatory agents, and an anti-CD38 monoclonal antibody?
6.  Yes  No Will Xpovio be used in combination with dexamethasone?
7.  Yes  No Will baseline neutrophil and sodium levels be performed prior to initiation of Xpovio?
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:**

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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>