



Zydelig

**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

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 indication or diagnosis for relapsed chronic lymphocytic leukemia (CLL)?
3. Yes No Is the indication or diagnosis for relapsed small lymphocytic lymphoma (SLL)?
4. Yes No Is the indication or diagnosis for relapsed follicular B-cell non-Hodgkin lymphoma (FL)?
5. Yes No Does the member have a history of serious allergic reactions, including anaphylaxis and toxic epidermal necrolysis?
6. Yes No If the indication is for CLL, will Zydelig be used in combination with rituximab (in a patient for whom rituximab alone would be considered appropriate therapy due to other co-morbidities)?
7. Yes No Does the member have any of the following: life-threatening diarrhea, intestinal perforation, or symptomatic pneumonitis?

8. Yes No Is Zydelig written or recommended an Oncologist or Hematologist?

9. Yes No Are the following laboratory tests being performed prior to initiation of Zydelig: a) CBC (complete blood count) AND b) Liver function tests: ALT, AST, bilirubin?
Document the patient's CBC (complete blood count) AND Liver function tests: ALT, AST, bilirubin below:

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>