VillageHealth
by SCAN Health Plan®

Fasenra

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. θ Yes θ No Will the requested medication be concurrently used with Xolair or another Anti-Interleukin (IL) Monoclonal Antibody?
2. θ Yes θ No Is the patient greater than or equal to 6 year(s) of age?
3. θ Yes θ No Is the indication or diagnosis for the treatment of eosinophilic granulomatosis with polyangiitis? ***(If YES, proceed to question 10).***
4. θ Yes θ No Is the indication or diagnosis for the treatment of severe asthma with an eosinophilic phenotype?
5. θ Yes θ No Will the requested medication be used as add-on treatment to inhaled or systemic steroids (and not as a single agent)?
6. θ Yes θ No Has the member been unable to achieve adequate asthma control while on maximum tolerated inhaled corticosteroid therapy in combination with a long-acting beta agonist, unless contraindicated?

7. θ Yes θ No Does the member have blood eosinophil level greater than or equal to 150 cells per microliter?

8. θ Yes θ No Is this a request for initial or continuation of therapy?
   θ Initiation ***(proceed to question 10)***
   θ Continuation ***(proceed to question 9)***

9. θ Yes θ No Is the member stable on therapy and will continue on asthma controller inhalers?

10 θ Yes θ No Is the prescription written or recommended by a Pulmonologist, Immunologist, Rheumatologist, or Allergy Specialist?

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