

Fintepla

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

neurologist?

- 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: SCAN ID number: Prescriber's Name: Office phone:			Member's First Name:		
				Date of Birth:		
				Contact Person:		
-				Office Fax:		
Medication: Diagnosis:						
	Medica	uon.		Diagnosis:		
	SECTI	ON A	Please answer the follow	ring questions		
1.	θ Yes	θ Νο	Is the member currently tak	ring the requested medication?		
2.	θ Yes	θ Νο	Does the member have a documented diagnosis of seizures associated with Dravet syndrome or Lennox-Gastaut Syndrome?			
3.	θ Yes	θ Νο	Has the member tried at least one formulary anticonvulsant (e.g. valproic acid topiramate, lamotrigine, etc.) prior to initiation of Fintepla?			
4.	θYes	θ Νο	Is the requested medication	n being prescribed or recommended by a		

Please document the symptoms and/or any other information important to this r				
	District On the Control of the Contr			
	SECTION B Physician Signature			
	DUVCICIAN CICNATUDE DATE			
	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