



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 the treatment of patients with intermediate or high-risk myelofibrosis, including primary myelofibrosis, post-polycythemia vera myelofibrosis and post-essential thrombocythemia myelofibrosis? *(If yes, skip to question 7)*
3. ☐ Yes ☐ No Is the indication or diagnosis for the treatment of patients with polycythemia vera? *(If YES, skip to question 6)*
4. ☐ Yes ☐ No Is the indication or diagnosis for the treatment of steroid-refractory acute graft-versus-host disease (GVHD) in patients 12 years or older? *(If yes, skip to question 7)*
5. ☐ Yes ☐ No Is the indication or diagnosis for the treatment of chronic graft-versus-host disease (GVHD) after failure of at least one line of systemic therapy in patients 12 years or older? *(If yes, skip to question 7)*

6. ☐ Yes ☐ No Has the member used hydroxyurea, Pegasys, or Besremi prior to the initiation of Jakafi?
7. ☐ Yes ☐ No Is the prescription written or recommended by an oncologist, hematologist, or transplant specialist?
8. ☐ Yes ☐ No Is the patient's platelet count greater than or equal to 50 times 10 to the 9th power per liter?
9. ☐ Yes ☐ No Are the following tests being performed prior to the initiation of Jakafi: Baseline CBC, liver function tests and renal function tests?

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>