



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 relapsed or refractory acute myeloid leukemia (AML) with a susceptible nucleophosmin 1 (NPM1) mutation who have no satisfactory alternative treatment options?
3. Yes No Will the requested medication be taken concomitantly with strong CYP3A4 inducers (for example, rifampin, etc.) or moderate CYP3A4 inducers (for example, efavirenz, etc.)?
4. Yes No Will the requested medication be taken concomitantly with proton pump inhibitors (for example, omeprazole, etc.)?
5. Yes No Is the prescription written or recommended by an oncologist or hematologist?

