



**Posaconazole
Suspension**

**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 diagnosis or indication for the prevention of invasive aspergillosis or Candida infections?
2. Yes No Is the patient at high risk of developing these infections due to being severely immunocompromised, for example hematopoietic stem cell transplant (HSCT) recipients with graft-versus-host disease (GVHD) or those with hematologic malignancies with prolonged neutropenia from chemotherapy? *(skip to question 5)*
3. Yes No Is the diagnosis or indication for treatment of oropharyngeal candidiasis?
4. Yes No Does the member have documented use of itraconazole or fluconazole prior to the initiation of Noxafil (or would either of these not be as effective or likely to cause adverse effects or other harm to the member)?
5. Yes No Is the prescription recommended or initially written by an infectious disease specialist, oncologist, transplant specialist, or hematologist?
6. Yes No Is the patient at least 13 years of age?
7. Yes No Is the patient currently taking one of the following: sirolimus, pimozide, quinidine, HMG-CoA reductase inhibitors primarily metabolized through CYP3A4 (e.g., atorvastatin, lovastatin, or simvastatin), or ergot alkaloids (e.g., ergotamine or dihydroergotamine)?

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>