



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 to decrease the incidence of infection, as manifested by febrile neutropenia, in patients with nonmyeloid malignancies receiving myelosuppressive anti-cancer drugs associated with a significant incidence of severe neutropenia with fever?
2. ☐ Yes ☐ No Is the diagnosis or indication to reduce the time to neutrophil recovery and duration of fever, following induction or consolidation chemotherapy treatment of patients with acute myeloid leukemia (AML)?
3. ☐ Yes ☐ No Is the diagnosis or indication to reduce the duration of neutropenia and neutropenia-related clinical sequelae (e.g., febrile neutropenia), in patients with nonmyeloid malignancies undergoing myeloablative chemotherapy followed by bone marrow transplantation?
4. ☐ Yes ☐ No Is the diagnosis or indication for chronic administration to reduce the incidence and duration of sequelae of neutropenia (e.g., fever, infections, oropharyngeal ulcers) in symptomatic patients with congenital neutropenia, cyclic neutropenia, or idiopathic neutropenia?

