



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 Does the member have history of signs or symptoms of significant liver impairment or injury? (this exclusion does not apply to uncomplicated polycystic liver disease).
2. Yes No Will tolvaptan be used concomitantly with strong CYP3A inhibitors or Samsca (tolvaptan)?
3. Yes No Does the member have uncorrected abnormal blood sodium concentrations?
4. Yes No Is the member unable to sense or respond to thirst?
5. Yes No Does the member have hypovolemia?
6. Yes No Does the member have uncorrected urinary outflow obstruction?
7. Yes No Does the member have anuria?
8. Yes No Does the member have stage 5 chronic kidney disease (CKD)?

9. Yes No Is tolvaptan being used to slow kidney function decline in a patient with rapidly progressing autosomal dominant polycystic kidney disease (ADPKD)?
10. Yes No Is the prescription being written or recommended by a nephrologist?

Please document the diagnosis, 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>