



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 Has tolvaptan been previously authorized by SCAN Health Plan for this member?
2. Yes No Does the member have underlying liver disease, including cirrhosis?
3. Yes No Will tolvaptan be used for autosomal dominant polycystic kidney disease (ADPKD) outside of FDA-approved REMS?
4. Yes No Will tolvaptan be used concomitantly with strong CYP3A inhibitors or Jynarque (tolvaptan)?
5. Yes No Is the member unable to sense or respond to thirst?
6. Yes No Does the member have hypovolemic hyponatremia?
7. Yes No Does the member have anuria?

8. Yes No Is tolvaptan being used for clinically significant hypervolemic and euvolemic hyponatremia, defined by serum sodium of less than 125 mEq/L, or less marked hyponatremia, defined as serum sodium less than 135 mEq/L that is symptomatic and has resisted correction with fluid restriction?
9. Yes No Is the prescription being written or recommended by a nephrologist, Cardiologist, or Endocrinologist?

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>