



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 indication or diagnosis for the treatment of moderate to severe Crohn's disease? *(if YES, proceed to question 5).*
2. Yes No Is the indication or diagnosis for the treatment of plaque psoriasis? *(if YES, proceed to question 5).*
3. Yes No Is the indication or diagnosis for the treatment of moderately to severely active ulcerative colitis? *(if YES, proceed to question 5).*
4. Yes No Is the indication or diagnosis for the treatment of active psoriatic arthritis?
5. Yes No Has the member previously used Yesintek or Selarsdi prior to the initiation of ustekinumab or ustekinumab-aekn?
6. Yes No Will the requested medication be concomitantly used with biologic disease-modifying antirheumatic drugs (DMARDs) (for example, but not limited to tumor necrosis factor (TNF) Antagonists)?

