



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](mailto: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 patient currently taking the requested medication?
2. ☐ Yes ☐ No Does the patient have an indication or diagnosis for the treatment of deleterious or suspected deleterious germline BRCA-mutated recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer in patients who are in a complete or partial response to platinum-based chemotherapy?
3. ☐ Yes ☐ No Does the patient have an indication or diagnosis for the treatment of advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer who are in a complete or partial response to first-line platinum-based chemotherapy?
4. ☐ Yes ☐ No Is the patient a female with reproductive potential?
5. ☐ Yes ☐ No Is the patient pregnant?
6. ☐ Yes ☐ No Has the patient received previous chemotherapy that resulted in hematological toxicity?
7. ☐ Yes ☐ No Has the patient recovered from hematological toxicity (less than or equal to Grade 1)?

8.    ☐ Yes   ☐ No    Has a baseline complete blood count (CBC) been performed prior to initiating therapy with Niraparib (ZEJULA)?
9.    ☐ Yes   ☐ No    Has the member used Lynparza prior to the initiation of Zejula?
10.   ☐ Yes   ☐ No    Is the prescription written or recommended by an oncologist or gynecologist?

***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>