



Arikayce

**Express Scripts**  
**Prior Authorization**  
**Phone 1-844-424-8886**  
**Fax 1-877-251-5896**

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 diagnosis or indication for the treatment of non-refractory Mycobacterium Avium Complex (MAC) lung disease?
2.  Yes  No Is the diagnosis or indication for the treatment of refractory Mycobacterium Avium Complex (MAC) lung disease? *(if NO, skip to question 9).*
3.  Yes  No Has Arikayce been previously authorized by SCAN Health Plan for this member? *(if YES, skip to question 7).*
4.  Yes  No Does the member have a positive sputum culture for MAC within the past 3 months and after completion of a background multidrug regimen?
5.  Yes  No Is the MAC isolate susceptible to amikacin?
6.  Yes  No Will Arikayce be used in combination with a background multidrug regimen? *(if YES, skip to question 10).*
7.  Yes  No Is Arikayce being prescribed in combination with a background multidrug regimen?
8.  Yes  No Has the member been unable to achieve negative sputum cultures for MAC or has achieved negative sputum cultures for MAC for less than 12 months? *(if YES, skip to question 10).*
9.  Yes  No Is the diagnosis or indication for the treatment of cystic fibrosis pseudomonas aeruginosa infection in a patient with a positive culture of pseudomonas aeruginosa in the airway?
10.  Yes  No Is the patient 18 years of age or greater?
11.  Yes  No Was the prescription written or recommended by an Infectious Disease Specialist or Pulmonologist?

***Please document the symptoms and/or any other information important to this review:***

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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.scanhealthplan.com>