

Member's Last Name:

## Orfadin

**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: <a href="mailto:medicarepartdparequests@express-scripts.com">medicarepartdparequests@express-scripts.com</a>

Member's First Name:

|    | SCAN ID number:    |       |  | Date of Birth:                                 |  |
|----|--------------------|-------|--|--|--|
|    | Prescriber's Name: |       |  | Contact Person:                                |  |
|    | Office ph          | ione: |  | Office Fax:                                    |  |
|    | Medication:        |       |  | Diagnosis:                                     |  |
|    | SECT               | TON A | Please answer the follow   | wing questions                                 |  |
| 1. | θYes               | θ Νο  | Is the diagnosis or indication for the treatment of Hereditary Tyrosinemia type 1 (HT-1)?      |  |  |
| 2. | $\theta$ Yes       | θ Νο  | Has the diagnosis been confirmed by laboratory or genetic testing?                             |  |  |
| 3. | θYes               | θ Νο  | Is the prescription written or initiated by a specialist experienced in the treatment of HT-1? |  |  |
|    | Please             | docum | ent the symptoms and/or a  | ny other information important to this review: |  |
|    |                    |       |  |  |  |
|    |                    |       |  |  |  |
|    |                    |       |  |  |  |

| - | 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 <a href="http://www.scanhealthplan.com">http://www.scanhealthplan.com</a>