



Afinitor

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

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:
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SECTION A

Please answer the following questions

1. Yes No Is the member currently taking the requested medication?
2. Yes No Is the diagnosis or indication for the treatment of patients with advanced renal cell carcinoma?
3. Yes No Has the patient failed sunitinib (Sutent), sorafenib (Nexavar) or both prior to the initiation of Afinitor?
4. Yes No Is the diagnosis or indication for the treatment of patients with subependymal giant cell astrocytoma (SEGA) associated with tuberous sclerosis (TS) who require therapeutic intervention but are not candidates for curative surgical resection?
5. Yes No Is the diagnosis or indication for the treatment of adults with renal angiomyolipoma and tuberous sclerosis complex (TSC), not requiring immediate surgery?
6. Yes No Is the diagnosis or indication for the treatment of progressive, well-differentiated pancreatic neuroendocrine tumors (PNET) in patients with unresectable locally advanced or metastatic disease?
7. Yes No Is the diagnosis or indication for the treatment of postmenopausal women with advanced hormone receptor-positive, HER2-negative breast cancer (advanced HR+ BC)?
8. Yes No Has the patient failed treatment with letrozole or anastrozole?
9. Yes No Will Afinitor be used in combination with exemestane?

- 10. Yes No Is the diagnosis or indication for the treatment of progressive, well-differentiated, non-functional gastrointestinal or lung neuroendocrine tumors (NET) in patients with unresectable, locally advanced or metastatic disease?
- 11. Yes No Will Afinitor be co-administered with strong or moderate inhibitors of CYP3A4 and PgP, such as ketoconazole, itraconazole, erythromycin, verapamil, diltiazem, etc.?
- 12. Yes No Is the prescription written or recommended by an Oncologist?
- 13. Yes No Does the member have baseline CBC, SrCr, BUN, serum glucose, and lipid panel performed prior to initiation of Afinitor?

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.scanhealthplan.com>