



Alimta

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:
-------------	------------

This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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 Locally Advanced or Metastatic Nonsquamous Non-Small Cell Lung Cancer (NSCLC)? *(If No, skip to question 4.)*
3. Yes No Is Alimta indicated for one of the following: 1. Maintenance treatment of patients whose disease has not progressed after 4 cycles of platinum-based first-line chemotherapy (if a patient is a candidate for platinum-based chemotherapy); 2. As a single agent in patients after prior chemotherapy treatment for NSCLC; 3. In combination with Cisplatin; OR 4. In combination with carboplatin and pembrolizumab?
4. Yes No Is the diagnosis or indication for the treatment of patients with Malignant Pleural Mesothelioma? *(If No, skip to question 7.)*
5. Yes No Will Alimta be used in patients whose disease is unresectable or who are otherwise not candidates for curative surgery?
6. Yes No Will Alimta be used in combination with cisplatin?
7. Yes No Is the diagnosis or indication for the treatment of patients with Squamous Cell Non-small Cell Lung Cancer?

8. Yes No Is the prescription written or recommended by an Oncologist?
9. Yes No Are the patient's current ANC (absolute neutrophil count): 1500 cells/mm³ or greater, the platelet count: 100,000 cells/mm³ or greater and creatinine clearance: 45 ml/min or greater? *(Please document ANC, platelet count and creatinine clearance below):*

10. Yes No Is the medication supplied by Retail, Home Infusion, Long Term Care (LTC) or other pharmacies?
11. Is the medication supplied and administered by a Physician's office?
 Yes
 No *(Document how medication is being supplied):* _____

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>