

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 member currently taking the requested medication?
2.    ☐ Yes    ☐ No    Is the indication or diagnosis for the treatment of adult patients with locally advanced or metastatic ROS1-positive non-small cell lung cancer (NSCLC)?
3.    ☐ Yes    ☐ No    Is the indication or diagnosis for the treatment of solid tumors that have a neurotrophic tyrosine receptor kinase (NTRK) gene fusion, or locally advanced or metastatic or where surgical resection is likely to result in severe morbidity, and have progressed following treatment or have no satisfactory alternative therapy?
4.    ☐ Yes    ☐ No    Does the member have a diagnosis of Interstitial Lung Disease (ILD) or Pneumonitis?
5.    ☐ Yes    ☐ No    Will Augtyro be concomitantly used with strong or moderate CYP3A inhibitors (for example, itraconazole, etc.) p-gp inhibitors (for example, itraconazole, etc.) or strong or moderate CYP3A inducers (for example, rifampin, etc.)?

6.    ☐ Yes    ☐ No    Were the following laboratory tests completed prior to the initiation of Augtyro:  
Baseline liver function tests (LFTs), serum CPK (creatine phosphokinase),  
serum uric acid levels?
7.    ☐ Yes    ☐ No    Is the prescription written or recommended by an Oncologist or Pulmonologist?

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

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**SECTION B**    Physician Signature

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PHYSICIAN SIGNATURE

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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>