



**Everolimus soluble  
tablet**

**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:
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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 Everolimus soluble tablet?
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 Everolimus soluble tablet 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 Everolimus soluble tablet 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 Everolimus soluble tablet?

***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>