



Fruzaqla

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 adult patients with metastatic colorectal cancer (MCRC) who have been previously treated with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy, an anti-VGEF therapy, and if RAS wild-type and medically appropriate, an anti-EGFR therapy?
3. Yes No Does the member have a recent history of gastrointestinal perforation or fistula, or a recent history of an arterial thromboembolism?
4. Yes No Will Fruzaqla be used concomitantly with strong CYP3A inducers (for example, rifampin, etc.)?
5. Yes No Does the member have Posterior Reversible Encephalopathy Syndrome confirmed via magnetic resonance imaging?
6. Yes No Will baseline liver function tests (LFTs) and urine protein levels be performed prior to the initiation of Fruzaqla?

7. Yes No Is the prescription being written or recommended by an Oncologist or Gastroenterologist?

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>