



Kisqali,
Kisqali Femara Co-Pack

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 pre/perimenopausal or postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer, as initial endocrine-based therapy?
3. Yes No Is the diagnosis or indication for the treatment of postmenopausal women with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer, as initial endocrine-based therapy or following disease progression on endocrine therapy?
4. Yes No Is Kisqali being used in combination with an aromatase inhibitor (e.g., letrozole, etc.)? *(Please also answer Yes if the request is for the Kisqali Femara Co-Pack)*
5. Yes No Is Kisqali being used in combination with fulvestrant in postmenopausal women?
6. Yes No Will Kisqali be used concomitantly with strong CYP3A4 inducers (e.g., phenytoin, rifampin, carbamazepine, etc.)?

7. Yes No Will Kisqali be used in patients who already have or who are at significant risk of developing QTc prolongation, including patients with: long QT syndrome, uncontrolled or significant cardiac disease (including recent myocardial infarction, congestive heart failure, unstable angina and bradyarrhythmias), electrolyte abnormalities, or concomitant use with drugs that prolong the QT interval (e.g., amiodarone, disopyramide, procainamide, quinidine, sotalol, etc.)?
8. Yes No Is the prescription written or recommended by an oncologist or hematologist?
9. Yes No Will baseline liver function tests, complete blood count (CBC), and electrocardiogram (ECG) be performed prior to the initiation of Kisqali? *(If Yes, please document lab results)*

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>