

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 Lonsurf being used as a single agent or in combination with bevacizumab for the treatment of metastatic colorectal cancer? *(If Yes, skip to question 5.)*
3. Yes No Is the diagnosis or indication for the treatment of metastatic gastric or gastroesophageal junction adenocarcinoma?
4. Yes No Has the member been previously treated with at least 2 prior lines of chemotherapy that included a fluoropyrimidine, a platinum, either a taxane or irinotecan, and if appropriate, HER2/neu-targeted therapy?
5. Yes No Is the prescription written or recommended by an Oncologist?
6. Yes No Are the following tests being performed prior to the initiation of Lonsurf:
a) baseline complete blood count (CBC) AND b) baseline platelet count?
Please include complete blood count (CBC) levels and baseline platelet count:
7. Yes No Does the member have RAS wild type metastatic colorectal cancer?
(If No, skip to question 9.)
8. Yes No Does the member have a documented use of fluoropyrimidine-oxaliplatin-irinotecan-based chemotherapy and an anti-VEGF biological therapy and an anti-EGFR therapy prior to the initiation of Lonsurf?

9. Yes No Does the member have a documented use of fluoropyrimidine-oxaliplatin-irinotecan-based chemotherapy and an anti-VEGF biological therapy prior to the initiation of Lonsurf?

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>