



Nerlynx

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

Form with fields: Member's Last Name, Member's First Name, SCAN ID number, Date of Birth, Prescriber's Name, Contact Person, Office phone, Office Fax

Form with fields: 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 prescription written or recommended by an oncologist?
3. Yes No Is the indication or diagnosis for the treatment of early stage HER2-overexpressed/amplified breast cancer? If No, skip to question 5
4. Yes No Will Nerlynx be used following adjuvant trastuzumab-based therapy?
5. Yes No Is the indication of diagnosis for the treatment of advanced or metastatic HER2-positive breast cancer, used in combination with capecitabine? If No, skip to question 7
6. Yes No Does the member have documented use of at least 2 anti-HER2 based regimens prior to the initiation of Nerlynx?
7. Yes No Will baseline liver function tests (LFTs): ALT, AST, and bilirubin be performed prior to the initiation of Nerlynx? If Yes, please document lab result.
8. Yes No Will Nerlynx be used in a patient experiencing Grade 3 or Grade 4 liver abnormalities?

- 9.  Yes     No    Will Nerlynx be used concomitantly with strong CYP3A inducers (for example, rifampin, carbamazepine, phenytoin, etc)?
- 10  Yes     No    Will Nerlynx be used concomitantly with strong CYP3A4 inhibitors (e.g., ketoconazole, clarithromycin, voriconazole, etc.)?
- 11  Yes     No    Is the patient a female of reproductive potential? *(If No, please skip question 10)*
- 12  Yes     No    Is the patient pregnant or breastfeeding?

***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>