



Sutent

**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 prescription written or recommended by an oncologist?
3. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of gastrointestinal stromal tumors (GIST)?
4. ☐ Yes ☐ No If the diagnosis or indication is for the treatment of GIST, has the member tried imatinib prior to the initiation of Sutent?
5. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of advanced renal cell cancer?
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 member's ALT or AST less than or equal to 2.5 x upper limit of normal (ULN) or, if due to liver metastases, less than or equal to 5.0 x ULN?

8. ☐ Yes ☐ No Has the member used Sutent previously and is the patient restarting therapy with Sutent? *If no, skip question 8*
9. ☐ Yes ☐ No Has the member experienced severe changes in liver function tests and other signs and symptoms of liver failure with the previous use of Sutent?

***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>