



Tagrisso

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:

SECTION A

Please answer the following questions

1. Yes No Is the member currently taking the requested medication?
2. Yes No Is Tagrisso being used in combination with pemetrexed and platinum-based chemotherapy for the treatment of locally advanced or metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor receptor (EGFR) exon 19 deletions or exon 21 L858R mutations?
3. Yes No Is Tagrisso being used as first-line treatment of metastatic non-small cell lung cancer (NSCLC) whose tumors have epidermal growth factor (EGFR) exon 19 deletions or exon 21 L858R mutations?
4. Yes No Is Tagrisso being used as adjuvant therapy after tumor resection in NSCLC whose tumors have EGFR exon 19 deletions or exon 21 L858R mutations?
5. Yes No Were the EGFR positive exon 19 deletions or exon 21 L858R mutations detected by an FDA-approved test (e.g., cobas EGFR Mutation Test v2, FoundationOne CDx, etc.)?

- 6. Yes No Is Tagrisso being used for the treatment of metastatic EGFR T790M mutation-positive non-small cell lung cancer (NSCLC)?
- 7. Yes No Were the EGFR T790M positive mutation detected by an FDA-approved test (e.g., cobas EGFR Mutation Test v2, etc.)?
- 8. Yes No Has there been progression following treatment with at least one EGFR tyrosine kinase inhibitor (TKI) therapy (e.g., afatinib, erlotinib, etc.) prior to the initiation of Tagrisso?
- 9. Yes No Is Tagrisso being used for the treatment of locally advanced, unresectable (stage III) NSCLC that has not progressed during or following concurrent or sequential platinum-based chemoradiation therapy with tumors that have EGFR exon 19 deletions or exon 21 L858R mutations?
- 10. Yes No Were the EGFR exon 19 deletions or exon 21 L858R mutations detected by an FDA-approved test (e.g., cobas EGFR Mutation Test v2, FoundationOne CDx, etc.)?
- 11. Yes No Does the patient have congenital long QTc syndrome, congestive heart failure, electrolyte abnormalities, or is the patient taking any medications known to prolong the QTc interval?
- 12. Yes No Will baseline electrolytes be performed prior to the initiation of Tagrisso?
- 13. Yes No Will baseline left ventricular ejection fraction (LVEF) measurement be obtained via echocardiogram (ECHO) or multiple-gated acquisition (MUGA) prior to the initiation of Tagrisso?
- 14. Yes No Was the prescription written or recommended by an Oncologist?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

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>