



Talzenna

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:

## 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 deleterious or suspected deleterious germline BRCA-mutated (gBRCAm) HER2-negative locally advanced or metastatic breast cancer, as detected by an FDA approved test (e.g., BRACAnalysis CDx, etc.)?
3. ☐ Yes ☐ No Will Talzenna be used as a single agent? *(if YES, proceed to question 8)*
4. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC)?
5. ☐ Yes ☐ No Will Talzenna be used in combination with enzalutamide?
6. ☐ Yes ☐ No Will Talzenna be used in combination with a gonadotropin-releasing hormone (GnRH) analog? *(if YES, proceed to question 8)*
7. ☐ Yes ☐ No Has the patient had a bilateral orchiectomy?

8. ☐ Yes ☐ No Is the prescription written or recommended by an oncologist or urologist?
9. ☐ Yes ☐ No Has the member used Lynparza prior to the initiation of Talzena?

***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>