

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 the indication or diagnosis for the treatment of adult patients with hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative, locally advanced or metastatic breast cancer with one or more PIK3CA/AKT1/PTEN-alterations?
3. Yes No Were the PIK3CA/AKT1/PTEN-alterations detected by an FDA-approved test (for example, FoundationOne CDx, etc.)?
4. Yes No Is Truqap being used after progression on at least one endocrine-based regimen in the metastatic setting or recurrence on or within 12 months of completing adjuvant therapy?
5. Yes No Will Truqap be concomitantly used with strong (for example, rifampicin, etc.) or moderate (for example, efavirenz, etc.) CYP3A inducers?
6. Yes No Will Truqap be used in combination with fulvestrant?
7. Yes No Will a baseline complete blood count (CBC) be performed prior to the initiation of Truqap?
8. Yes No Is the prescription written or recommended by an Oncologist or Hematologist?

