Tykerb

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. θ Yes θ No Is the member currently taking the requested medication?
2. θ Yes θ No Is the prescription written or recommended by an oncologist?
3. θ Yes θ No Does the member have a baseline LVEF (left ventricular ejection fraction) of equal to or greater than 50%?
4. θ Yes θ No Are the member's baseline potassium and magnesium levels within normal limits?
5. What are the member's liver function tests: ALT, AST, bilirubin prior to the initiation of Tykerb? *(Document the member's liver function tests: ALT, AST, bilirubin):*

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6. θ Yes θ No Does the member's tumor overexpress Human Epidermal Receptor Type 2 (HER2) confirmed by laboratory testing and based on the new HER2 Testing Guidelines from the College of American Pathologists (CAP) and the American Society of Clinical Oncology (ASCO)?
7. θ Yes θ No Is the indication or diagnosis for the treatment of postmenopausal women with hormone receptor positive metastatic breast cancer who will receive Tykerb in combination with letrozolefor whom hormonal therapy is indicated? *If no, skip question 8.*

8.	θ Yes	θ No	Is hormone receptor positive metastatic breast cancer confirmed by testing?
9.	θ Yes	θ No	Is the indication or diagnosis for the treatment of patients with advanced or metastatic breast cancer who will receive Tykerb in combination with capecitabine?
10.	θ Yes	θ No	Has the member tried therapy with an anthracycline, a taxane, and trastuzumab prior to the initiation of Tykerb?

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