Xalkori

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 indication or diagnosis for treatment of patients with locally advanced or metastatic non-small cell lung cancer that is anaplastic lymphoma kinase (ALK)-positive or ROS1-positive? ***(If No, skip to question 4.)***

3. θ Yes θ No Has this diagnosis been confirmed by an FDA-approved test? ***(skip to question 7.)***

4. θ Yes θ No Is the indication or diagnosis for treatment of patients with ALK-positive unresectable, recurrent, or refractory myofibroblastic tumor (IMT)? (***if Yes, skip to question 6.)***

5. θ Yes θ No Is the indication or diagnosis for treatment of patients with relapsed or refractory, systemic anaplastic large cell lymphoma (ALCL) that is anaplastic lymphoma kinase (ALK)-positive?

6. θ Yes θ No Is the patient age one year or older?

7. θ Yes θ No Is the prescription written or recommended by an oncologist or hematologist?

8. θ Yes θ No Does the patient have congenital long QT syndrome?

9. θ Yes θ No Has the patient used Xalkori previously? ***(If No, skip to question 11.)***

10. θ Yes θ No Has the patient experienced any of the following with the previous Xalkori use: a) QTc greater than 500 ms or greater than or equal to 60 ms change from baseline with Torsade de pointes or polymorphic ventricular tachycardia or signs/symptoms of serious arrhythmia and b) ALT or AST elevation greater than 3 times ULN with concurrent total bilirubin elevation greater than 1.5 times ULN (in the absence of cholestasis or hemolysis) and c) any Grade drug-related interstitial lung disease/pneumonitis?

11. Are the following tests being performed prior to the initiation of Xalkori: a) Baseline complete blood count (CBC) with differential; AND b) Liver function tests including ALT and total bilirubin?

θ Yes *(Document results):* _____

_____

θ No

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

_____

_____

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_____

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