



**Caprelsa**

**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:
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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 symptomatic or progressive medullary thyroid cancer (MTC) in patients with unresectable locally advanced or metastatic disease?
3.  Yes  No Is the prescription written or recommended by an oncologist or an endocrinologist?
4.  Yes  No Does the member have a history of Torsades de pointes?
5.  Yes  No Does the member have congenital long QT syndrome?
6.  Yes  No Is the member's QTcF interval less than 450 milliseconds confirmed by ECG?
7.  Yes  No Are the member's baseline calcium, potassium and magnesium levels within normal limits?

- 8.  Yes  No Is Caprelsa being concurrently administered with any anti-arrhythmic drugs (i.e., amiodarone, disopyramide, procainamide, sotalol, dofetilide (Tikosyn), etc.)?
- 9.  Yes  No Is Caprelsa being concurrently administered with any other drugs that may prolong the QT interval (i.e., chloroquine, clarithromycin, dolasetron (Anzemet), granisetron, haloperidol, methadone, moxifloxacin (Avelox), pimozone (Orap), etc.)?

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

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**SECTION B**    Physician Signature

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PHYSICIAN SIGNATURE

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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.villagehealthca.com>