



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. Yes No Is the member currently taking the requested medication?
2. Yes No Is the indication or diagnosis for the treatment of hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer?
3. Yes No Is the hormone receptor (HR)-positive, human epidermal growth factor receptor 2 (HER2)-negative advanced or metastatic breast cancer confirmed by testing?
4. Yes No Will Ibrance be used in combination with an aromatase inhibitor (e.g., letrozole, etc.) as initial endocrine-based therapy in pre/perimenopausal or postmenopausal women or in men?
5. Yes No Will Ibrance be used in combination with fulvestrant in patients with disease progression following endocrine therapy?
6. Yes No Is the prescription written or recommended by an oncologist or hematologist?

- 7. Yes No Will Ibrance be used concomitantly with strong CYP3A inducers (e.g., phenytoin, rifampin, carbamazepine, enzalutamide, etc.)?
- 8. Yes No Is Ibrance being used in patients with Interstitial Lung Disease (ILD) or Pneumonitis?
- 9. Yes No Will a baseline complete blood count (CBC) be performed prior to the initiation of Ibrance?
- 10. Yes No Has the member previously used Kisqali, Kisqali Femara Co-Pack, or Verzenio prior to the initiation of Ibrance?

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.villagehealthca.com>