



Zykadia

**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:
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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 treatment of patients with locally advanced or metastatic non-small cell lung cancer that is anaplastic lymphoma kinase (ALK)-positive?
3. Yes No Has the member used Zykadia previously?
4. Yes No Has the member experienced any of the following with the previous Zykadia use: a) ALT or AST elevation greater than 3 times ULN with concurrent total bilirubin elevation greater than 2 times ULN (in the absence of cholestasis or hemolysis); b) any Grade treatment-related interstitial lung disease/ pneumonitis; 3) QTc interval prolongation with Torsade de pointes or polymorphic ventricular tachycardia or signs/symptoms of serious arrhythmia; OR 4) life-threatening bradycardia if no contributing concomitant medication?
5. Yes No Are the following tests being performed prior to the initiation of Zykadia: a) Baseline electrocardiogram (ECG); AND b) Liver function tests, including ALT and total bilirubin? *(Please document the patient's lab values):*

6. Yes No Is the prescription written or recommended by an oncologist?

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>