

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 indication or diagnosis for the treatment of patients with metastatic castration-resistant prostate cancer (CRPC)?
2. ☐ Yes ☐ No Is the indication or diagnosis for the treatment of patients with metastatic high-risk castration-sensitive prostate cancer (CSPC)?
3. If **No** to the above, what is the diagnosis or indication?

4. ☐ Yes ☐ No Is the member currently taking the requested medication?
5. ☐ Yes ☐ No Is the prescription written or recommended by an oncologist?
6. ☐ Yes ☐ No Is Zytiga being administered in combination with prednisone?
7. ☐ Yes ☐ No Does the member have severe hepatic impairment (Child-Pugh Class C)?
8. ☐ Yes ☐ No Is the patient's AST, ALT, and bilirubin within normal limits prior to initiation of Zytiga? *(If yes, skip question 9)*
9. ☐ Yes ☐ No Is the member's AST and ALT less than or equal to 2.5 times the upper limit of normal and total bilirubin less than or equal to 1.5 times the upper limit of normal?

10. ☐ Yes ☐ No Is the member's serum potassium within normal limits prior to initiation of Zytiga?
11. ☐ Yes ☐ No Does the patient have New York Heart Association (NYHA) Class III or IV heart failure or LVEF (left ventricular ejection fraction) less than 50%?

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>