



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 Does the patient have interstitial lung disease or Pneumonitis?
3. Yes No Will Ensacove be used concomitantly with strong or moderate CYP3A inhibitors (for example, but not limited to itraconazole, etc.), strong or moderate CYP3A inducers (for example, but not limited to rifampin, etc.) or P-glycoprotein (P-gp) inhibitors (for example, but not limited to itraconazole, etc.)?
4. Yes No Is the indication or diagnosis for the treatment of anaplastic lymphoma kinase (ALK)-positive locally advanced or metastatic non-small cell lung cancer (NSCLC) as detected by an FDA approved test (for example Vysis ALK Break Apart FISH Probe Kit, etc.) in patients who have not previously received an ALK- inhibitor?
5. Yes No Will the following laboratory tests be performed prior to initiation of Ensacove: Baseline liver function tests (LFTs): alanine transaminase (ALT), aspartate aminotransferase (AST), and total bilirubin? Note: Please document the patient's lab values if available.

