



**Krazati**

**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:

**SECTION A**Please answer the following questions

1. ☐ Yes ☐ No Is the member currently taking the requested medication?
2. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC) as determined by an FDA-approved test (e.g., therascreen KRAS RGQ PCR kit, Agilent Resolution ctDx FIRST assay, etc.)? *(If NO, skip to question 4)*
3. ☐ Yes ☐ No Has the member received at least one prior systemic therapy?
4. ☐ Yes ☐ No Is the diagnosis or indication for the treatment of KRAS G12C-mutated locally advanced or metastatic colorectal cancer (CRC) in combination with cetuximab, as determined by an FDA-approved test (e.g., therascreen KRAS RGQ PCR Kit, Agilent Resolution ctDx FIRST assay, etc.)?
5. ☐ Yes ☐ No Has the member received prior treatment with fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy?
6. ☐ Yes ☐ No Will Krazati be used concomitantly with strong CYP3A4 inducers (e.g., rifampin, etc.)?
7. ☐ Yes ☐ No Is Krazati being used in patients with Interstitial Lung Disease (ILD) or Pneumonitis?
8. ☐ Yes ☐ No Is the prescription written or recommended by an Oncologist, Pulmonologist, Gastroenterologist?
9. ☐ Yes ☐ No Will baseline LFTs be performed prior to the initiation of Krazati?

***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>