



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 Lumakras being used for the treatment of KRAS G12C-mutated locally advanced or metastatic non-small cell lung cancer (NSCLC), as determined by an FDA-approved test (for example: theascreen KRAS RGQ PCR Kit, Guardant360® CDx, etc.), in patients who have received at least one prior systemic therapy?
3. ☐ Yes ☐ No Is Lumakras being used in combination with panitumumab for the treatment of KRAS G12C-mutated metastatic colorectal cancer (mCRC), as determined by an FDA approved test (e.g., QIAGEN theascreen KRAS RGQ PCR Kit, etc.), in patients who have received prior fluoropyrimidine-, oxaliplatin-, and irinotecan-based chemotherapy?
4. ☐ Yes ☐ No Will the requested medication be taken concomitantly with strong CYP3A4 inducers (for example: rifampin, etc.)?
5. ☐ Yes ☐ No Does the member have Interstitial Lung Disease (ILD) or Pneumonitis?
6. ☐ Yes ☐ No Will baseline LFTs (ALT, AST, and total bilirubin) be performed prior to initiation of Lumakras?
7. ☐ Yes ☐ No Is the prescription written or recommended by an Oncologist, Gastroenterologist, or Pulmonologist?

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>