



Xalkori

**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 indication or diagnosis for treatment of patients with locally advanced or metastatic non-small cell lung cancer that is anaplastic lymphoma kinase (ALK)-positive or ROS1-positive? *(If No, skip to question 4.)*
3.     Yes     No    Has this diagnosis been confirmed by an FDA-approved test? *(skip to question 7.)*
4.     Yes     No    Is the indication or diagnosis for treatment of patients with ALK-positive unresectable, recurrent, or refractory myofibroblastic tumor (IMT)? *(if Yes, skip to question 6.)*
5.     Yes     No    Is the indication or diagnosis for treatment of patients with relapsed or refractory, systemic anaplastic large cell lymphoma (ALCL) that is anaplastic lymphoma kinase (ALK)-positive?
6.     Yes     No    Is the patient age one year or older?

7.  Yes  No Is the prescription written or recommended by an oncologist or hematologist?
8.  Yes  No Does the patient have congenital long QT syndrome?
9.  Yes  No Has the patient used Xalkori previously? *(If No, skip to question 11.)*
10.  Yes  No Has the patient experienced any of the following with the previous Xalkori use: a) QTc greater than 500 ms or greater than or equal to 60 ms change from baseline with Torsade de pointes or polymorphic ventricular tachycardia or signs/symptoms of serious arrhythmia and b) ALT or AST elevation greater than 3 times ULN with concurrent total bilirubin elevation greater than 1.5 times ULN (in the absence of cholestasis or hemolysis) and c) any Grade drug-related interstitial lung disease/pneumonitis?
11. Are the following tests being performed prior to the initiation of Xalkori: a) Baseline complete blood count (CBC) with differential; AND b) Liver function tests including ALT and total bilirubin?

Yes *(Document results):* \_\_\_\_\_

No \_\_\_\_\_

***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>