



Keytruda

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

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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This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

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 unresectable or metastatic melanoma?
3. Yes No Is the diagnosis or indication for the treatment of metastatic, non-small cell lung cancer with high PD-L1 expression (Tumor Proportion Score, 50% or higher), as detected by an FDA-approved test and with no EGFR or ALK genomic tumor aberrations?
Please note: PD-L1 IHC 22C3 pharmDx Test is an FDA-approved test.
4. Yes No Is the diagnosis or indication for the treatment of metastatic non-small cell lung cancer with PD-L1 expression (Tumor Proportion Score, 1% or greater) as detected by an FDA-approved test?
Please note: PD-L1 IHC 22C3 pharmDx Test is an FDA-approved test.
5. Yes No Is the diagnosis or indication for the treatment of metastatic nonsquamous non-small cell lung cancer?
6. Yes No Is the diagnosis or indication for the treatment of locally advanced or metastatic urothelial carcinoma?

7. Yes No Is the diagnosis or indication for the treatment of unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair deficient solid tumors?
8. Yes No Is the diagnosis or indication for the treatment of unresectable or metastatic, microsatellite instability-high (MSI-H) or mismatch repair colorectal cancer?
9. Yes No Is the diagnosis or indication for the treatment of recurrent or metastatic head and neck squamous cell carcinoma (HNSCC)?
10. Yes No Is the diagnosis or indication for the treatment of classical Hodgkin Lymphoma that is refractory or has relapsed after 3 or more prior lines of therapy?
11. Yes No Is the indication or diagnosis for the treatment of recurrent locally advanced or metastatic gastric/gastroesophageal junction adenocarcinoma with PD-L1 tumor expression (CPS greater than or equal to 1) determined by FDA-approved test?
12. Yes No Is the diagnosis or indication for the treatment of recurrent or metastatic cervical cancer with disease progression on or after chemotherapy whose tumors express PD-L1 (CPS greater than or equal to 1) as determined by an FDA-approved test?
13. Yes No Is the diagnosis or indication for the treatment of recurrent locally advanced or metastatic PD-L1-expressing (combined positive score 1 or greater) gastric or gastroesophageal junction adenocarcinoma with disease progression on or after 2 or more prior fluoropyrimidine- and platinum-containing chemotherapy regimens, and HER2/neu-targeted therapy (if appropriate)?
14. Yes No Is the diagnosis or indication for the treatment of metastatic small cell lung cancer with disease progression on or after platinum-based chemotherapy and at least one other prior line of therapy?
15. Yes No Is the prescription written or recommended by an oncologist?
16. Yes No Is Keytruda supplied by Retail, Home Infusion, Long Term Care or other pharmacies?
17. Yes No Is the medication supplied by a Physician's office?

Please document the symptoms and/or any other information important to this review:

SECTION B Physician Signature

PHYSICIAN SIGNATURE

DATE

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.scanhealthplan.com>