Keytruda

Prior Authorization Request

Your patient's benefit plan requires prior authorization for certain medications. In order to make appropriate medical necessity determinations, your patient's diagnosis and other clinical information is required. **Please complete the information requested on the form below and fax this form along with supporting clinical documentation to Priority Partners, toll-free at 1-866-212-4756 to initiate the review process.** If you have questions regarding the prior authorization please contact Priority Partners at 888-819-1043 Option 4**.**

Patient's Name: _____ **Date**: _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Referring Provider Info: ❑ Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: ❑ Same as Referring Provider ❑ Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Required Demographic Information:

Patient Weight: _____*kg*

Patient Height: _____*cm*

Please indicate the place of service for the requested drug:

❑ *Ambulatory Surgical (POS Code 24)*
❑ *Home (POS Code 12)*
❑ *Off Campus Outpatient Hospital (POS Code 19)*
❑ *On Campus Outpatient Hospital (POS Code 22)*
❑ *Office (POS Code 11)*

Drug Information:

Strength/Measure _____ *Units* ❑ ml ❑ Gm ❑ mg ❑ ea ❑ Un
Directions(sig) _____ *Route of administration* _____
Dosing frequency _____

What is the ICD-10 code? _____

Send completed form to: Priority Partners Fax: 1-866-212-4756

Priority Partners ● 7231 Parkway Drive Suite 100 ● Hanover, MD 21076
Phone: 888-819-1043 ● Fax: 1-866-212-4756 ● www.hopkinshealthplans.org

Clinical Criteria Questions:

1. Has the patient experienced disease progression while on programmed death receptor-1 (PD-1) or programmed death ligand 1 (PD-L1) inhibitor (e.g., Opdivo, Imfinzi)?
❒ Yes, *Continue to 2*
❒ No, *Continue to 5*

2. Is the requested drug prescribed as second-line or subsequent treatment for metastatic or unresectable melanoma?
❒ Yes, *Continue to 3*
❒ No, *Continue to 3*

3. Will the requested drug be used in combination with ipilimumab following disease progression on single agent anti-PD-1 immunotherapy?
❒ Yes, *Continue to 4*
❒ No, *Continue to 4*

4. Is this request for initiation or continuation of treatment with the requested medication?
❒ Initiation, *No further questions*
❒ Continuation, *Continue to 198*

5. Is the requested drug prescribed for a pediatric patient with tumor mutational burden-high (TMB-H) central nervous system (CNS) cancer?
❒ Yes, TMB-H CNS cancer, *Continue to 6*
❒ No, *Continue to 6*

6. Is the patient currently receiving treatment with the requested medication?
❒ Yes, *Continue to 198*
❒ No, *Continue to 7*

7. Does the patient have a solid tumor [including salivary gland tumors, endometrial carcinoma, vulvar cancer, poorly differentiated large or small cell carcinoma, well differentiated grade 3 neuroendocrine tumors, myxofibrosarcoma, undifferentiated pleomorphic sarcoma (UPS), cutaneous angiosarcoma, undifferentiated sarcoma, breast cancer, bone cancer (chondrosarcoma, chordoma, Ewing sarcoma, osteosarcoma), penile cancer or uterine sarcoma] that meets any of the following criteria? ***ACTION REQUIRED***: Attach chart note(s) or test results confirming tumor mutational burden-high tumor status, microsatellite instability-high tumor status, or mismatch repair deficient tumor status.
❒ Microsatellite instability-high (MSI-H) solid tumor ***ACTION REQUIRED****: Submit supporting documentation, Continue to 8*
❒ Mismatch repair deficient (dMMR) solid tumor ***ACTION REQUIRED****: Submit supporting documentation, Continue to 8*
❒ Tumor mutational burden-high (TMB-H) (greater than or equal to 10 mutations/megabase [mut/Mb]) solid tumor ***ACTION REQUIRED****: Submit supporting documentation, Continue to 8*
❒ None of the above, *Continue to 12*

8. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 9*
❒ No, *Continue to 12*

9. What is the clinical setting in which the requested drug will be used?

❒ Unresectable disease, *Continue to 10*

❒ Metastatic disease, *Continue to 10*

❒ Other, please specify. _____, *Continue to 12*

10. Has the patient experienced disease progression following prior treatment?
❒ Yes, *Continue to 11*
❒ No, *Continue to 12*

11. Are there other satisfactory alternative treatment options available for the patient?
❒ Yes, *Continue to 12*
❒ No, *No Further Questions*

12. What is the diagnosis?

❒ Ampullary adenocarcinoma, *Continue to 65*

❒ Anal carcinoma, *Continue to 119*

❒ Anaplastic thyroid carcinoma, *Continue to 174*
❒ Biliary tract cancers (including intrahepatic cholangiocarcinoma, extrahepatic cholangiocarcinoma, gallbladder cancer), *Continue to 134*

❒ Breast Cancer (TNBC), *Continue to 185*
❒ Central nervous system (CNS) brain metastases in patients with melanoma or non-small cell lung cancer, *Continue to 122*

❒ Cervical cancer, *Continue to 94*

❒ Classical Hodgkin lymphoma, *Continue to 49*

❒ Colorectal cancer (including appendiceal carcinoma), *Continue to 70*

❒ Cutaneous melanoma, *Continue to 13*

❒ Cutaneous squamous cell skin carcinoma, *Continue to 41*

❒ Endometrial carcinoma, *Continue to 111*
❒ Epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma of the ovary, mucinous carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous carcinoma, *Continue to 103*

❒ Esophageal cancer and Esophagogastric Junction Cancer, *Continue to 82*

❒ Extranodal NK/T-cell lymphoma, *Continue to 161*

❒ Follicular, oncocytic (hurthle cell), or papillary thyroid carcinoma, *Continue to 177*

❒ Gastric cancer, *Continue to 75*

❒ Gestational trophoblastic neoplasia, *Continue to 162*
❒ Head and neck squamous cell carcinoma with mixed subtypes (HNSCC) or nasopharyngeal cancer, *Continue to 44*

❒ Hepatocellular carcinoma, *Continue to 138*

❒ Kaposi sarcoma, *Continue to 194*

❒ Medullary thyroid carcinoma, *Continue to 180*

❒ Merkel Cell Carcinoma, *Continue to 73*

❒ Neuroendocrine and Adrenal Tumors, *Continue to 166*
❒ Non-small cell lung cancer, *Continue to 22*
❒ Occult primary cancer, *Continue to 172*
❒ Pancreatic adenocarcinoma, *Continue to 127*
❒ Pediatric Diffuse High-Grade Gliomas, *Continue to 192*
❒ Primary Cutaneous Lymphomas, *Continue to 158*
❒ Primary mediastinal large B-cell lymphoma, *Continue to 125*
❒ Prostate cancer, *Continue to 37*
❒ Renal cell carcinoma, *Continue to 147*
❒ Small Bowel Adenocarcinoma, *Continue to 182*
❒ Small cell lung cancer, *Continue to 67*
❒ Soft Tissue Sarcomas, *Continue to 167*
❒ Testicular cancer, *Continue to 108*
❒ Thymic carcinoma, *Continue to 155*
❒ Urothelial carcinoma, *Continue to 51*
❒ Uveal melanoma, *Continue to 106*
❒ Vulvar cancer, *Continue to 141*
❒ Other, please specify. _____, *No further questions*

13. Does the patient have a BRAF V600 activating mutation disease?
❒ Yes, *Continue to 14*
❒ No, *Continue to 17*

14. What is the clinical setting in which the requested drug will be used?
❒ Metastatic disease, *Continue to 15*
❒ Unresectable disease, *Continue to 15*
❒ Other, please specify. _____, *Continue to 15*

15. What is the place in therapy in which the requested drug will be used?
❒ Subsequent or re-induction therapy, *Continue to 16*
❒ Other, please specify. _____, *Continue to 16*

16. Will the requested drug be used in combination with trametinib and dabrafenib?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

17. What is the clinical setting in which the requested drug will be used?
❒ Adjuvant treatment, *Continue to 18*
❒ Unresectable disease, *Continue to 19*
❒ Recurrent disease, *Continue to 19*

❒ Metastatic disease, *Continue to 19*

❒ Subsequent therapy, *Continue to 20*

❒ Other, please specify. _____, *No further questions*

18. Has the patient had a complete lymph node surgical resection or complete resection of stage IIB, IIC, III or metastatic disease?
❒ Yes, *Continue to 19*
❒ No, *Continue to 19*

19. Will the requested drug be used as a single agent?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

20. Will the requested drug be used for disease progression of metastatic or unresectable tumors?
❒ Yes, *Continue to 21*
❒ No, *Continue to 21*

21. Will the requested drug be used in any of the following regimens?

❒ Single agent, *No further questions*

❒ In combination with ipilimumab (Yervoy) or lenvatinib (Lenvima), *No further questions*

❒ Other, please specify. _____, *No further questions*

22. What is the clinical setting in which the requested drug will be used?

❒ Recurrent disease, *Continue to 23*

❒ Advanced disease, *Continue to 23*

❒ Metastatic disease, *Continue to 23*

❒ Stage IB (T2a to greater than or equal to 4 cm), *Continue to 33*

❒ Stage II, *Continue to 33*

❒ Stage III, *Continue to 33*

❒ Resectable (tumors greater or equal to 4 cm or node positive) disease, *Continue to 35*

❒ Other, please specify. _____, *No further questions*

23. Is the tumor negative for EGFR exon 19 deletions, L858R mutations and ALK rearrangements? ***ACTION REQUIRED***: Attach chart note(s) or test results of EGFR exon 19 deletions, L858R mutations, and ALK rearrangements, where applicable.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 25*

❒ No ***ACTION REQUIRED****: Submit supporting documentation, Continue to 30*

❒ Unknown, *Continue to 24*

24. Is testing for these genomic tumor aberrations not feasible due to insufficient tissue?
❒ Yes, *Continue to 25*
❒ No, *Continue to 30*

25. Will the requested drug be used in any of the following regimens?

❒ As first-line therapy, *Continue to 26*

❒ As maintenance therapy, *Continue to 27*

❒ In combination with pemetrexed and either carboplatin or cisplatin, *Continue to 28*

❒ In combination with carboplatin and either paclitaxel or albumin-bound paclitaxel, *Continue to 29*

❒ Other, please specify. _____, *No further questions*

26. Does the patient have programmed death ligand 1 (PDL1) positive disease? ***ACTION REQUIRED***: If Yes, please attach chart note(s) or test results of programmed death ligand 1 (PD-L1) tumor expression.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

27. What is the requested regimen?

❒ Single agent, *No further questions*

❒ In combination with pemetrexed, *No further questions*

❒ Other, please specify. _____, *No further questions*

28. What is the patient's disease histology?

❒ Nonsquamous cell histology, *No further questions*

❒ Squamous cell histology, *No further questions*

29. What is the patient's disease histology?

❒ Nonsquamous cell histology, *No further questions*

❒ Squamous cell histology, *No further questions*

30. Is the tumor programmed death ligand 1 (PD-L1) positive? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results for PD-L1 expression.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 31*

❒ No, *Continue to 31*

❒ Unknown, *Continue to 31*

31. Will the requested drug be used as a single agent?

❒ Yes, *Continue to 32*

❒ No, *Continue to 32*

32. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *No further questions*

❒ Subsequent treatment, *No further questions*

33. Will the requested drug be used as adjuvant treatment following resection and platinum-based chemotherapy (e.g., cisplatin, carboplatin)?

❒ Yes, *Continue to 34*
❒ No, *Continue to 34*

34. Will the requested drug be used as a single agent?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

35. Will the requested drug be used as neoadjuvant treatment in combination with platinum containing chemotherapy (e.g., cisplatin, carboplatin)?
❒ Yes, *Continue to 36*
❒ No, *Continue to 36*

36. Will the requested drug be continued as a single agent adjuvant therapy after surgery?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

37. Will the requested drug be used for treatment of castration-resistant distant metastatic prostate cancer?
❒ Yes, *Continue to 38*
❒ No, *Continue to 38*

38. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR), or tumor mutational burden-high (TMB-H) (greater than or equal to 10 mutations/megabase [mut/Mb])? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high, mismatch repair deficient tumor or tumor mutational burden-high (TMB-H) greater than or equal to 10 mutations/megabase status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 39*

❒ No, *Continue to 39*

❒ Unknown, *Continue to 39*

39. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *Continue to 40*

❒ Subsequent treatment, *Continue to 40*

40. Will the requested drug be used as a single agent?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

41. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 42*
❒ No, *Continue to 42*

42. What is the clinical setting in which the requested drug will be used?

❒ Locally advanced disease, *Continue to 43*

❒ Recurrent disease, *Continue to 43*

❒ Metastatic disease, *Continue to 43*

❒ Other, please specify. _____, *Continue to 43*

43. Is the disease curable by surgery or radiation?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

44. What is the clinical setting in which the requested drug will be used?
❒ Very advanced disease, *Continue to 45*
❒ Other, please specify. _____, *Continue to 45*

45. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 46*
❒ No, *Continue to 48*

46. What is the place in therapy in which the requested drug will be used?
❒ First-line treatment, *Continue to 47*
❒ Subsequent treatment, *No further questions*

47. Does the tumor express programmed death ligand 1 (PD-L1) with a Combined Positive Score (CPS) of greater than 1, are microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden high (TMB-H [greater than or equal to 10 mut/Mb]? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results for PD-L1 expression, microsatellite instability-high, mismatch repair deficient or tumor mutational burden high status.
❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*
❒ No, *No further questions*
❒ Unknown, *No further questions*

48. Will the requested drug be used as part of any of the following regimens?
❒ In combination with chemotherapy, *No further questions*
❒ In combination with cetuximab, *No further questions*
❒ Other, please specify. _____, *No further questions*

49. Will the requested drug be used in any of the following regimens?
❒ Single agent, *Continue to 50*
❒ In combination with GVD (gemcitabine, vinorelbine, liposomal doxorubicin), *Continue to 50*
❒ In combination with ICE (ifosfamide, carboplatin, etoposide), *Continue to 50*
❒ Other, please specify. _____, *Continue to 50*

50. What is the clinical setting in which the requested drug will be used?
❒ Refractory disease, *No further questions*
❒ Relapsed disease, *No further questions*
❒ Progressive disease, *No further questions*
❒ Other, please specify. _____, *No further questions*

51. What is the requested regimen?

❒ As a single agent, *Continue to 52*

❒ In combination with enfortumab vedotin (Padcev), *Continue to 63*

❒ Other, please specify. _____, *No further questions*

52. Which of the following applies to the patient's disease?

❒ Urothelial carcinoma of the bladder, *Continue to 53*

❒ Primary carcinoma of the urethra, *Continue to 59*

❒ Urothelial carcinoma of the upper genitourinary tract or urothelial carcinoma of the prostate, *Continue to 61*

❒ Other, please specify. _____, *No further questions*

53. Is the requested drug prescribed for the treatment of high-risk, non-muscle invasive bladder cancer (NMIBC) with carcinoma in situ (CIS)?
❒ Yes, *Continue to 54*
❒ No, *Continue to 56*

54. Is the disease responsive to Bacillus Calmette-Guerin (BCG)?
❒ Yes, *Continue to 55*
❒ No, *Continue to 55*

55. Will the patient undergo cystectomy?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

56. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *Continue to 57*

❒ Subsequent treatment, *No further questions*

57. What is the clinical setting in which the requested drug will be used?

❒ Locally advanced disease, *Continue to 58*

❒ Metastatic disease, *Continue to 58*

❒ Other, please specify. _____, *Continue to 58*

58. Is the patient eligible for any platinum-containing chemotherapy (e.g., cisplatin, carboplatin)?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

59. What is the clinical setting in which the requested drug will be used?

❒ Recurrent disease, *Continue to 60*

❒ Locally advanced disease, *Continue to 60*

❒ Metastatic disease, *Continue to 60*

❒ Other, please specify. _____, *Continue to 60*

60. Which of the following applies to the patient?

❒ The patient is post-platinum (e.g., cisplatin, carboplatin) or other chemotherapy, *No further questions*

❒ The patient is not eligible for any platinum-containing chemotherapy (e.g., cisplatin, carboplatin), *No further questions*
❒ Other, please specify. _____, *No further questions*

61. What is the clinical setting in which the requested drug will be used?

❒ Metastatic disease, *Continue to 62*

❒ Other, please specify. _____, *Continue to 62*

62. Which of the following applies to the patient?

❒ The patient is post-platinum (e.g., cisplatin, carboplatin) or other chemotherapy, *No further questions*
❒ The patient is not eligible for any platinum-containing chemotherapy (e.g., cisplatin, carboplatin), *No further questions*

❒ Other, please specify. _____, *No further questions*

63. What is the clinical setting in which the requested drug will be used?

❒ Locally advanced disease, *Continue to 64*

❒ Metastatic disease, *Continue to 64*

❒ Other, please specify. _____, *Continue to 64*

64. Is the patient eligible for cisplatin containing chemotherapy?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

65. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden (TMB) high (greater than or equal to 10 mutations/megabase (mut/Mb))? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high, mismatch repair deficient tumor or high tumor mutational burden (greater than or equal to 10 mutations/megabase [mut/Mb]) status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 66*

❒ No, *Continue to 66*

❒ Unknown, *Continue to 66*

66. Will the requested drug be used as a single agent?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

67. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 68*
❒ No, *Continue to 68*

68. What is the clinical setting in which the requested drug will be used?

❒ Relapsed disease, *Continue to 69*

❒ Progressive disease, *Continue to 69*

❒ Other, please specify. _____, *Continue to 69*

69. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *No further questions*

❒ Subsequent treatment, *No further questions*

70. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 71*
❒ No, *Continue to 71*

71. Is the tumor microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high or mismatch repair deficient tumor status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 72*

❒ No, *Continue to 72*

❒ Unknown, *Continue to 72*

72. What is the clinical setting in which the requested drug will be used?

❒ Inoperable disease, *No further questions*

❒ Advanced disease, *No further questions*

❒ Metastatic disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

73. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 74*
❒ No, *Continue to 74*

74. What is the clinical setting in which the requested drug will be used?

❒ Recurrent disease, *No further questions*

❒ Metastatic disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

75. What is the clinical setting in which the requested drug will be used?

❒ Unresectable locally advanced disease, *Continue to 77*

❒ Recurrent disease, *Continue to 77*

❒ Metastatic disease, *Continue to 77*

❒ Other, please specify. _____, *Continue to 76*

76. Is the patient a surgical candidate?
❒ Yes, *Continue to 77*
❒ No, *Continue to 77*

77. Will the requested drug be used as part of any of the following regimens?

❒ Single agent, *Continue to 78*

❒ In combination with trastuzumab, platinum (e.g., cisplatin, oxaliplatin) and fluoropyrimidine-based (e.g., fluorouracil, capecitabine) chemotherapy, *Continue to 80*

❒ Other, please specify. _____, *No further questions*

78. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden (TMB) high (greater than or equal to 10 mutations/megabase (mut/Mb))? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high, mismatch repair deficient tumor or high tumor mutational burden (greater than or equal to 10 mutations/megabase [mut/Mb]) status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 79*

❒ No, *Continue to 79*

❒ Unknown, *Continue to 79*

79. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *No further questions*

❒ Subsequent treatment, *No further questions*

80. What is the patient's histology?

❒ Adenocarcinoma, *Continue to 81*

❒ Other, please specify. _____, *Continue to 81*

81. Is the patient's disease HER2-positive? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming HER2 status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

82. What is the clinical setting in which the requested drug will be used?

❒ Unresectable locally advanced disease, *Continue to 84*

❒ Recurrent disease, *Continue to 84*

❒ Metastatic disease, *Continue to 84*

❒ Other, please specify. _____, *Continue to 83*

83. Is the patient a surgical candidate?
❒ Yes, *Continue to 84*
❒ No, *Continue to 84*

84. Will the requested drug be used in any of the following regimens?
❒ Combination with platinum (e.g., cisplatin, oxaliplatin) and fluoropyrimidine-based (e.g., fluorouracil, capecitabine) chemotherapy, *Continue to 85*
❒ Combination with trastuzumab, platinum (e.g., cisplatin, oxaliplatin) and fluoropyrimidine-based (e.g., fluorouracil, capecitabine) chemotherapy, *Continue to 87*

❒ No, *Continue to 88*

85. Is the tumor HER2 overexpression negative adenocarcinoma? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming HER2 overexpression negative.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *Continue to 86*

❒ Unknown, *Continue to 86*

86. Does the patient's disease express squamous or non-squamous histology?

❒ Squamous cell carcinoma, *No further questions*

❒ Non-squamous cell carcinoma, *No further questions*

87. Is the tumor HER2 overexpression positive? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming HER2 overexpression positive.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

88. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden (TMB) high (greater than or equal to 10 mutations/megabase (mut/Mb))? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high, mismatch repair deficient or mutational burden (TMB) high (greater than or equal to 10 mutations/megabase (mut/Mb) tumor status. ***ACTION REQUIRED***: Submit supporting documentation

❒ Yes, *Continue to 89*

❒ No, *Continue to 91*

89. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *Continue to 90*

❒ Subsequent treatment, *Continue to 90*

90. Will the requested drug be used as a single agent?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

91. Does the patient's disease express programmed death ligand 1 (PD-L1) with a Combined Positive Score (CPS) of greater than or equal to 10? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results for PD-L1 expression.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 92*

❒ No, *Continue to 92*

❒ Unknown, *Continue to 92*

92. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *Continue to 93*

❒ Subsequent treatment, *Continue to 93*

93. Does the patient's disease express squamous or nonsquamous histology?

❒ Squamous cell carcinoma, *No further questions*

❒ Nonsquamous cell carcinoma, *No further questions*

94. Will the requested drug be used for treatment of The International Federation of Gynecology and Obstetrics (FIGO) stage III-IVA disease?
❒ Yes, *Continue to 95*
❒ No, *Continue to 96*

95. Will the requested drug be used in combination with chemoradiotherapy (CRT)?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

96. Will the requested drug be used as part of any of the following regimens?

❒ As a single agent, *Continue to 98*

❒ In combination with chemotherapy with or without bevacizumab (Avastin), *Continue to 97*

❒ Other, please specify. _____, *No further questions*

97. What is the clinical setting in which the requested drug will be used?

❒ Persistent disease, *Continue to 100*

❒ Recurrent disease, *Continue to 100*

❒ Metastatic disease, *Continue to 100*

❒ Other, please specify. _____, *Continue to 98*

98. What is the clinical setting in which the requested drug will be used?

❒ Recurrent disease, *Continue to 99*

❒ Metastatic disease, *Continue to 99*

❒ Other, please specify. _____, *Continue to 99*

99. Has the patient experienced disease progression on or after chemotherapy?
❒ Yes, *Continue to 100*
❒ No, *Continue to 101*

100. Does the tumor express programmed death ligand 1 (PD-L1) with a Combined Positive Score (CPS) of greater than or equal to 1? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results for PD-L1 expression.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

101. Does the tumor express programmed death ligand 1 (PD-L1) with a Combined Positive Score (CPS) of greater than or equal to 1, or microsatellite instability-high (MSI-H), or mismatch repair deficient (dMMR)? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming PD-L1 expression, microsatellite instability-high or mismatch repair deficient status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 102*

❒ No, *Continue to 102*

❒ Unknown, *Continue to 102*

102. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *No further questions*

❒ Subsequent treatment, *No further questions*

103. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 104*
❒ No, *Continue to 104*

104. What is the clinical setting in which the requested drug will be used?

❒ Recurrent disease, *Continue to 105*

❒ Persistent disease, *Continue to 105*

❒ Other, please specify _____, *Continue to 105*

105. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden-high (TMB-H) (tumors greater than or equal to 10 mutations/megabase [mut/Mb])? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming tumor mutational burden-high tumor status, microsatellite instability-high or mismatch repair deficient tumor status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

106. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 107*
❒ No, *Continue to 107*

107. What is the clinical setting in which the requested drug will be used?

❒ Unresectable disease, *No further questions*

❒ Metastatic disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

108. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 109*
❒ No, *Continue to 109*

109. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *Continue to 110*

❒ Second-line treatment, *Continue to 110*

❒ Third-line or subsequent treatment, *Continue to 110*

110. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden-high (TMB-H) (tumors greater than or equal to 10 mutations/megabase [mut/Mb])? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming tumor mutational burden-high tumor status, microsatellite instability-high or mismatch repair deficient tumor status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

111. Will the requested medication be used in combination with carboplatin and paclitaxel?
❒ Yes, *Continue to 112*
❒ No, *Continue to 113*

112. What is the clinical setting in which the requested drug will be used?

❒ Recurrent disease, *No further questions*

❒ Stage III-IV disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

113. Will the requested drug be used in combination with lenvatinib (Lenvima)?
❒ Yes, *Continue to 114*
❒ No, *Continue to 115*

114. What is the clinical setting in which the requested drug will be used?

❒ Advanced disease, *Continue to 115*

❒ Metastatic disease, *Continue to 115*

❒ Recurrent disease, *Continue to 115*

❒ Other, please specify. _____, *Continue to 115*

115. Which of the following applies to the patient's disease? ***ACTION REQUIRED***: Attach chart note(s) or test results confirming mismatch repair proficient, microsatellite instability-high, mismatch repair deficient, or mutational burden-high tumor status.
❒ Mismatch repair proficient (pMMR) tumors ***ACTION REQUIRED****: Submit supporting documentation, No further questions*
❒ Microsatellite instability-high (MSI-H) tumor ***ACTION REQUIRED****: Submit supporting documentation, Continue to 117*
❒ Mismatch repair deficient (dMMR) tumor ***ACTION REQUIRED****: Submit supporting documentation, Continue to 116*
❒ Tumor mutational burden-high (TMB-H) (greater than or equal to 10 mutations/megabase [mut/Mb]) tumor ***ACTION REQUIRED****: Submit supporting documentation, Continue to 117*
❒ Other, please specify _____ ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

116. Has the patient experienced disease progression following prior platinum-based chemotherapy (e.g., cisplatin, carboplatin)?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

117. What is the clinical setting in which the requested drug will be used?

❒ Recurrent unresectable disease, *Continue to 118*

❒ Metastatic disease, *Continue to 118*

❒ Other, please specify. _____, *Continue to 118*

118. Will the requested drug be used as a single agent?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

119. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 120*
❒ No, *Continue to 120*

120. What is the clinical setting in which the requested drug will be used?

❒ Metastatic disease, *Continue to 121*

❒ Other, please specify. _____, *Continue to 121*

121. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *No further questions*

❒ Subsequent treatment, *No further questions*

122. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 123*
❒ No, *Continue to 123*

123. What type of underlying cancer does the patient have?

❒ Melanoma, *No further questions*

❒ Non-small cell lung cancer, *Continue to 124*

❒ Other, please specify. _____, *Continue to 124*

124. Is the patient's disease positive for programmed death ligand 1 (PD-L1)? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results for PD-L1 expression.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

125. Will the requested drug be used as part of any of the following regimens?

❒ As a single agent, *Continue to 126*

❒ In combination with brentuximab vedotin (Adcetris), *Continue to 126*

❒ Other, please specify. _____, *Continue to 126*

126. What is the clinical setting in which the requested drug will be used?

❒ Relapsed disease, *No further questions*

❒ Refractory disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

127. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 128*
❒ No, *Continue to 128*

128. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR), or tumor mutational burden high (TMB-H) [greater than or equal to 10 mut/Mb]? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high, mismatch repair deficient tumor, or tumor mutational burden high status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 129*

❒ No, *Continue to 129*

❒ Unknown, *Continue to 129*

129. What is the clinical setting in which the requested drug will be used?

❒ Local recurrence in the pancreatic operative bed after resection, *No further questions*

❒ Recurrent metastatic disease, *No further questions*

❒ Other, please specify. _____, *Continue to 130*

130. What is the place in therapy in which the requested drug will be used?

❒ First-line therapy, *Continue to 131*

❒ Subsequent therapy, *Continue to 132*

❒ Other, please specify. _____, *No further questions*

131. What is the clinical setting in which the requested drug will be used?

❒ Metastatic disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

132. Has the disease progressed following prior treatment?
❒ Yes, *Continue to 133*
❒ No, *Continue to 133*

133. What is the clinical setting in which the requested drug will be used?

❒ Locally advanced disease, *No further questions*

❒ Metastatic disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

134. Will the requested drug be used as part of any of the following regimens?

❒ As a single agent, *Continue to 135*

❒ In combination with gemcitabine and cisplatin, *Continue to 137*

❒ Other, please specify. _____, *No further questions*

135. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR), or tumor mutational burden high (TMB-H) [greater than or equal to 10 mut/Mb]? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high, mismatch repair deficient, or mutational burden high tumor status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 136*

❒ No, *Continue to 136*

❒ Unknown, *Continue to 136*

136. What is the clinical setting in which the requested drug will be used?

❒ Unresectable disease, *No further questions*

❒ Metastatic disease, *No further questions*

❒ Resected gross residual (R2) disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

137. What is the clinical setting in which the requested drug will be used?

❒ Locally advanced unresectable disease, *No further questions*

❒ Metastatic disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

138. Has the patient previously been treated with sorafenib (Nexavar)?
❒ Yes, *No Further Questions*
❒ No, *Continue to 139*

139. What is the clinical setting in which the requested drug will be used?

❒ Progressive disease, *Continue to 140*

❒ Unresectable disease, *Continue to 140*

❒ Inoperable disease, *Continue to 140*

❒ Metastatic disease, *Continue to 140*

❒ Extensive liver tumor burden disease, *Continue to 140*

❒ Other, please specify. _____, *Continue to 140*

140. Will the requested drug be used as a single agent?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

141. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 142*
❒ No, *Continue to 142*

142. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *Continue to 143*

❒ Subsequent treatment, *Continue to 143*

143. What is the clinical setting in which the requested drug will be used?

❒ Advanced disease, *Continue to 144*

❒ Recurrent disease, *Continue to 144*

❒ Metastatic disease, *Continue to 144*

❒ Other, please specify. _____, *Continue to 144*

144. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden high (TMB-H) [greater than or equal to 10 mut/Mb]? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high, mismatch repair deficient tumor or tumor mutational burden high status.

❒ Yes, tumor microsatellite instability-high (MSI-H) ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ Yes, mismatch repair deficient (dMMR) ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ Yes, tumor mutational burden high (TMB-H [greater than or equal to 10 mut/Mb] ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *Continue to 145*

145. Does the patient's disease express programmed death ligand 1 (PD-L1) with a Combined Positive Score (CPS) of greater than or equal to 1? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results for PD-L1 expression.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 146*

❒ No, *Continue to 146*

❒ Unknown, *Continue to 146*

146. Has the patient experienced disease progression on or after chemotherapy?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

147. Will the requested drug be used as part of any of the following regimens?

❒ As a single agent, *Continue to 148*

❒ In combination with axitinib (Inlyta), *Continue to 150*

❒ In combination with lenvatinib (Lenvima), *Continue to 150*

❒ Other, please specify. _____, *No further questions*

148. How will the requested drug be used?

❒ For treatment of relapsed disease, *Continue to 149*

❒ For treatment of stage IV disease, *Continue to 149*

❒ As adjuvant therapy, *Continue to 154*

❒ Other, please specify. _____, *No further questions*

149. Does the tumor express non-clear cell histology?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

150. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *Continue to 151*

❒ Subsequent treatment, *Continue to 152*

151. What is the clinical setting in which the requested drug will be used?

❒ Advanced disease, *No further questions*

❒ Relapsed disease, *No further questions*

❒ Stage IV disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

152. Does the tumor express clear cell histology?
❒ Yes, *Continue to 153*
❒ No, *Continue to 153*

153. What is the clinical setting in which the requested drug will be used?

❒ Relapsed disease, *No further questions*

❒ Stage IV disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

154. What is the clinical setting in which the requested drug will be used for adjuvant treatment?
❒ Intermediate-high risk of recurrence following nephrectomy or following nephrectomy and resection of metastatic lesions, *No further questions*
❒ High risk of recurrence following nephrectomy or following nephrectomy and resection of metastatic lesions, *No further questions*

❒ Other, please specify. _____, *No further questions*

155. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 156*
❒ No, *Continue to 156*

156. What is the clinical setting in which the requested drug will be used?

❒ Unresectable disease, *No further questions*

❒ Locally advanced disease, *No further questions*

❒ Metastatic disease, *No further questions*

❒ Other, please specify. _____, *Continue to 157*

157. Will the requested drug be used as postoperative therapy for residual tumor in a patient who cannot tolerate first-line combination regimens?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

158. Which of the following applies to the patient's disease?

❒ Mycosis Fungoides/Sezary syndrome, *No further questions*

❒ Anaplastic Large Cell Lymphoma (ALCL), *Continue to 159*

❒ Other, please specify. _____, *No further questions*

159. What is the clinical setting in which the requested drug will be used?

❒ Relapsed disease, *Continue to 160*

❒ Refractory disease, *Continue to 160*

❒ Other, please specify. _____, *Continue to 160*

160. Will the requested drug be used as a single agent?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

161. What is the clinical setting in which the requested drug will be used?

❒ Relapsed disease, *No further questions*

❒ Refractory disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

162. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 163*
❒ No, *Continue to 163*

163. Is the disease resistant to multi-agent chemotherapy?
❒ Yes, *Continue to 164*
❒ No, *Continue to 164*

164. What type of disease does the patient have?

❒ Intermediate trophoblastic tumor, *Continue to 165*

❒ High-risk disease, *No further questions*

❒ Other, please specify. _____, *Continue to 165*

165. What is the clinical setting in which the requested drug will be used?

❒ Recurrent disease, *No further questions*

❒ Progressive disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

166. What is the clinical setting in which the requested drug will be used?

❒ Unresectable disease, *No further questions*

❒ Locally advanced disease, *No further questions*

❒ Metastatic disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

167. Which of the following type of soft tissue sarcoma applies to the patient?

❒ Alveolar soft part sarcoma (ASPS), *Continue to 168*

❒ Cutaneous angiosarcoma, *Continue to 169*

❒ Extremity/body wall sarcoma, *Continue to 170*

❒ Head/neck sarcoma, *Continue to 170*

❒ Retroperitoneal/intra-abdominal sarcoma, *Continue to 170*

❒ Rhabdomyosarcoma, *Continue to 170*

❒ Other, please specify. _____, *No further questions*

168. Will the requested drug be used in any of the following regimens?

❒ Single agent, *No further questions*

❒ In combination with axitinib (Inlyta), *No further questions*

❒ Other, please specify. _____, *No further questions*

169. Will the requested drug be used as a single agent?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

170. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 171*
❒ No, *Continue to 171*

171. What is the place in therapy in which the requested drug will be used?

❒ First-line therapy, *No further questions*

❒ Subsequent therapy, *No further questions*

172. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 173*
❒ No, *Continue to 173*

173. Is the tumor microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden-high (TMB-H) (greater than or equal to 10 mutations/megabase [mut/Mb])? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming tumor mutational burden-high microsatellite instability-high or mismatch repair deficient tumor status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

174. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 175*
❒ No, *Continue to 175*

175. Does the disease have tumor mutational burden-high tumors (greater than or equal to 10 mutations per megabase [mut/Mb])? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming tumor mutational burden-high tumor status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 176*

❒ No, *Continue to 176*

❒ Unknown, *Continue to 176*

176. What is the clinical setting in which the requested drug will be used?

❒ Metastatic disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

177. What is the clinical setting in which the requested drug will be used?

❒ Unresectable disease, *Continue to 178*

❒ Metastatic disease, *Continue to 179*

❒ Other, please specify. _____, *Continue to 178*

178. Does the disease have microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR), or tumor mutational burden-high tumors (greater than or equal to 10 mutations per megabase [mut/Mb])? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR), or tumor mutational burden-high tumor status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 179*

❒ No, *Continue to 179*

❒ Unknown, *Continue to 179*

179. Is the disease amenable to radioactive iodine therapy?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

180. What is the clinical setting in which the requested drug will be used?

❒ Unresectable disease, *Continue to 181*

❒ Recurrent disease, *Continue to 181*

❒ Metastatic disease, *Continue to 181*

❒ Other, please specify. _____, *Continue to 181*

181. Does the disease have microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden-high tumors (greater than or equal to 10 mutations per megabase [mut/Mb])? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high (MSI-H), mismatch repair deficient (dMMR) or tumor mutational burden-high tumor status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

182. Will the requested drug be used as a single agent?

❒ Yes, *Continue to 183*

❒ No, *Continue to 183*

183. What is the clinical setting in which the requested drug will be used?

❒ Advanced disease, *Continue to 184*

❒ Metastatic disease, *Continue to 184*

❒ Other, please specify. _____, *Continue to 184*

184. Is the tumor microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming microsatellite instability-high or mismatch repair deficient tumor status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, No further questions*

❒ No, *No further questions*

❒ Unknown, *No further questions*

185. Is the patient's diagnosis confirmed by the breast cancer cells testing negative for ALL of the following receptors: A) Human epidermal growth factor receptor 2 (HER-2), B) Estrogen, and C) Progesterone? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming cancer cells are negative for human epidermal growth factor receptor 2 (HER-2), estrogen, and progesterone receptors.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 186*

❒ No, *Continue to 186*

❒ Unknown, *Continue to 186*

186. What is the clinical setting in which the requested medication will be used?

❒ The patient had no response to preoperative systemic therapy, *Continue to 187*

❒ Recurrent unresectable disease, *Continue to 187*

❒ Metastatic disease, *Continue to 187*

❒ High-risk early-stage disease, *Continue to 189*

❒ Other, please specify _____, *No further questions*

187. Does the patient's disease express programmed death ligand 1 (PD-L1)? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results for PD-L1 expression.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 188*

❒ No, *Continue to 188*

❒ Unknown, *Continue to 188*

188. What is the requested regimen?

❒ Single agent, *No further questions*

❒ In combination with chemotherapy, *No further questions*

❒ Other, please specify. _____, *No further questions*

189. What is the place in therapy in which the requested drug will be used?

❒ Neoadjuvant treatment, *Continue to 190*

❒ *Continued adjuvant treatment after surgery, Continue to 191*

❒ Other, please specify. _____, *No further questions*

190. Will the requested drug be used in combination with chemotherapy?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

191. Will the requested drug be used as a single agent?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

192. What is the clinical setting in which the requested drug will be used?

❒ As adjuvant treatment, *Continue to 193*

❒ Recurrent disease, *Continue to 193*

❒ Progressive disease, *Continue to 193*

❒ Other, please specify. _____, *Continue to 193*

193. Is the tumor hypermutant?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

194. Which of the following type of Kaposi sarcoma applies to the patient?

❒ Endemic Kaposi sarcoma, *Continue to 195*

❒ Classic Kaposi sarcoma, *Continue to 195*

❒ Other, please specify. _____, *Continue to 195*

195. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 196*
❒ No, *Continue to 196*

196. What is the place in therapy in which the requested drug will be used?

❒ First-line treatment, *Continue to 197*

❒ Subsequent treatment, *Continue to 197*

197. What is the clinical setting in which the requested drug will be used?

❒ Relapsed/refractory disease, *No further questions*

❒ Other, please specify. _____, *No further questions*

198. What is the diagnosis?

❒ Adrenal tumors, *Continue to 210*

❒ Ampullary adenocarcinoma, *Continue to 208*

❒ Anal carcinoma, *Continue to 210*

❒ Anaplastic thyroid carcinoma, *Continue to 208*
❒ Biliary tract cancers (including intrahepatic cholangiocarcinoma, extrahepatic cholangiocarcinoma, gallbladder cancer), *Continue to 208*

❒ Bone cancer (Chondrosarcoma, Ewing Sarcoma, Osteosarcoma, Chordoma), *Continue to 208*

❒ Breast cancer, *Continue to 208*

❒ Central nervous system (CNS) brain metastases in patients with melanoma or non-small cell lung cancer, *Continue to 210*

❒ Cervical cancer, *Continue to 208*

❒ Classical Hodgkin lymphoma, *Continue to 208*

❒ Colorectal cancer (including appendiceal carcinoma), *Continue to 208*

❒ Cutaneous melanoma, *Continue to 200*

❒ Cutaneous squamous cell skin carcinoma, *Continue to 208*

❒ Endometrial carcinoma, *Continue to 208*

❒ Epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer, carcinosarcoma (malignant mixed Mullerian tumors), clear cell carcinoma of the ovary, mucinous carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous carcinoma, *Continue to 208*

❒ Esophageal cancer, *Continue to 208*

❒ Esophagogastric junction cancer, *Continue to 208*

❒ Extranodal NK/T-cell lymphoma, *Continue to 210*

❒ Follicular, oncocytic (hurthle cell), or papillary thyroid carcinoma, *Continue to 208*

❒ Gastric cancer, *Continue to 208*

❒ Gestational trophoblastic neoplasia, *Continue to 210*

❒ Head and neck squamous cell carcinoma with mixed subtypes (HNSCC) or nasopharyngeal cancer, *Continue to 208*

❒ Hepatocellular carcinoma, *Continue to 208*

❒ Kaposi sarcoma, *Continue to 210*

❒ Medullary thyroid carcinoma, *Continue to 208*

❒ Merkel Cell Carcinoma, *Continue to 208*

❒ Microsatellite instability-high or mismatch repair deficient solid tumor, *Continue to 208*

❒ Neuroendocrine tumors, *Continue to 208*

❒ Non-small cell lung cancer, *Continue to 199*

❒ Occult primary cancer, *Continue to 208*

❒ Pancreatic adenocarcinoma, *Continue to 208*

❒ Pediatric Diffuse High-Grade Gliomas, *Continue to 210*

❒ Penile cancer, *Continue to 208*

❒ Primary carcinoma of the urethra, *Continue to 208*

❒ Primary Cutaneous Lymphomas, *Continue to 210*

❒ Primary mediastinal large B-cell lymphoma, *Continue to 208*

❒ Prostate cancer, *Continue to 208*

❒ Renal cell carcinoma, *Continue to 199*

❒ Salivary gland tumors, *Continue to 208*

❒ Small Bowel Adenocarcinoma, *Continue to 208*

❒ Small cell lung cancer, *Continue to 210*

❒ Soft Tissue Sarcomas, *Continue to 210*

❒ Testicular cancer, *Continue to 208*

❒ Thymic carcinoma, *Continue to 210*

❒ Triple-Negative Breast Cancer (TNBC), high-risk early-stage disease, *Continue to 200*

❒ Triple-Negative Breast Cancer (TNBC), locally recurrent unresectable or metastatic, *Continue to 208*

❒ Tumor mutational burden-high solid tumor, *Continue to 208*

❒ Urothelial carcinoma of bladder, *Continue to 204*

❒ Urothelial carcinoma of the upper genitourinary tract tumor or urothelial carcinoma of the prostate, *Continue to 208*

❒ Uterine sarcoma, *Continue to 208*

❒ Uveal melanoma, *Continue to 210*

❒ Vulvar cancer, *Continue to 203*

❒ Other, please specify. _____, *No further questions*

199. Is the request for the adjuvant treatment of renal cell carcinoma, adjuvant treatment of non-small cell lung cancer, or neoadjuvant therapy and then continuing as adjuvant therapy of non-small cell lung cancer?

❒ Yes, adjuvant treatment of renal cell carcinoma, *Continue to 201*

❒ Yes, adjuvant treatment of non-small cell lung cancer, *Continue to 201*

❒ Yes, neoadjuvant treatment and then continuing as adjuvant treatment of non-small cell lung cancer, *Continue to 201*

❒ No, *Continue to 208*

200. Is the requested drug prescribed for treatment of adjuvant melanoma or adjuvant high-risk early-stage TNBC?

❒ Yes, *Continue to 201*

❒ No, *Continue to 210*

201. Is there evidence of disease recurrence or unacceptable toxicity on the current regimen?

❒ Yes, *Continue to 202*

❒ No, *Continue to 202*

202. How many months of treatment has the patient received with the requested drug?

_____months, *No further questions*

203. Is the tumor microsatellite instability-high or mismatch repair deficient or does the tumor express programmed death ligand 1 (PD-L1) with a Combined Positive Score (CPS) of greater than or equal to 1?

❒ Microsatellite instability-high or mismatch repair deficient, *Continue to 208*

❒ PD-L1 expression with CPS score greater than or equal to 1, *Continue to 210*

204. Is the requested drug prescribed for the treatment of high-risk BCG-unresponsive non-muscle invasive bladder cancer?

❒ Yes, *Continue to 205*

❒ No, *Continue to 206*

205. Is the disease persistent or recurrent?
❒ Yes, *Continue to 206*
❒ No, *Continue to 206*

206. Is there evidence of disease progression or unacceptable toxicity on the current regimen?
❒ Yes, *Continue to 207*
❒ No, *Continue to 207*

207. How many continuous months of treatment has the patient received with the requested drug?
_____months, *No further questions*

208. Is there evidence of disease progression or unacceptable toxicity on the current regimen?
❒ Yes, *Continue to 209*
❒ No, *Continue to 209*

209. How many continuous months of treatment has the patient received with the requested drug?
_____months, *No further questions*

210. Is there evidence of disease progression or unacceptable toxicity on the current regimen?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.

X_____
Prescriber or Authorized Signature **Date (mm/dd/yy)**

Send completed form to: Priority Partners Fax: 1-866-212-4756

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