Opdivo

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? _____

Clinical Criteria Questions:

1. Has the patient experienced disease progression while receiving another programmed death receptor-1 (PD-1) or programmed death ligand 1 (PD-L1) inhibitor (e.g., Keytruda, Imfinzi)?

❒ Yes, *Continue to 2*
❒ No, *Continue to 4*

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

 Opdivo SGM 1894-A – 01/2024.

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 the patient currently receiving treatment with the requested medication?
❒ Yes, *Continue to 128*
❒ No, *Continue to 5*

5. What is the diagnosis?

❒ Cutaneous melanoma, *Continue to 6*

❒ Non-small cell lung cancer (NSCLC), *Continue to 13*

❒ Renal cell carcinoma, *Continue to 20*

❒ Classical Hodgkin lymphoma (cHL), *Continue to 27*

❒ Cervical cancer, *Continue to 34*

❒ Head and neck cancers, *Continue to 38*

❒ Urothelial carcinoma - Bladder cancer, *Continue to 41*

❒ Urothelial carcinoma - Primary carcinoma of the urethra, *Continue to 45*

❒ Urothelial carcinoma - Upper genitourinary tract tumor or urothelial carcinoma of the prostate, *Continue to 49*

❒ Colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma), *Continue to 53*

❒ Small bowel adenocarcinoma, *Continue to 86*

❒ Ampullary adenocarcinoma, *Continue to 89*

❒ Hepatocellular carcinoma, *Continue to 56*

❒ Uveal melanoma, *Continue to 57*

❒ Anal carcinoma, *Continue to 59*

❒ Merkel cell carcinoma, *Continue to 62*
❒ Central nervous system (CNS) brain metastases in patients with melanoma or non-small cell lung cancer, *Continue to 65*

❒ Gestational trophoblastic neoplasia, *Continue to 69*
❒ Malignant pleural or peritoneal mesothelioma, including pericardial mesothelioma and tunica vaginalis testis mesothelioma, *Continue to 74*

❒ Esophageal and esophagogastric junction carcinoma, *Continue to 77*

❒ Extranodal NK/T-cell lymphoma, *Continue to 85*

❒ Endometrial carcinoma, *Continue to 92*

❒ Vulvar cancer, *Continue to 95*

❒ Gastric cancer, *Continue to 99*

❒ Small cell lung cancer, *Continue to 105*

❒ Pediatric diffuse high-grade gliomas, *Continue to 108*

❒ Pediatric primary mediastinal large B-Cell lymphoma, *Continue to 110*

❒ Kaposi sarcoma, *Continue to 112*

❒ Bone cancer, *Continue to 116*

❒ Biliary Tract Cancer (Cholangiocarcinoma and Gallbladder Cancer), *Continue to 121*

❒ Soft tissue sarcoma, *Continue to 125*

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

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

❒ Adjuvant treatment, *Continue to 7*

❒ Unresectable disease, *Continue to 12*

❒ Locally recurrent, *Continue to 12*

❒ Progressive disease, *Continue to 12*

❒ Metastatic disease, *Continue to 12*

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

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

❒ Stage III or IV disease, *Continue to 8*

❒ Stage IIB and IIC, *Continue to 10*

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

8. Will the requested drug be used following complete resection or no evidence of disease?
❒ Yes, *Continue to 9*
❒ No, *Continue to 9*

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

❒ Single agent, *No further questions*
❒ In combination with ipilimumab (Yervoy) (4 doses of ipilimumab, followed by Opdivo as a single agent), *No further questions*

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

10. Will the requested drug be used following complete resection?
❒ Yes, *Continue to 11*
❒ No, *Continue to 11*

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

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

❒ Single agent, *No further questions*
❒ In combination with ipilimumab (Yervoy) (4 doses of ipilimumab, followed by Opdivo as a single agent), *No further questions*

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

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

❒ Single agent, *Continue to 14*

❒ In a regimen containing ipilimumab (Yervoy), *Continue to 15*

❒ In combination with platinum-doublet chemotherapy (e.g., docetaxel and cisplatin), *Continue to 18*

❒ Other, please specify. _____, *Continue to 18*

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

❒ First-line treatment, *Continue to 15*

❒ Subsequent treatment, *Continue to 15*

15. Is the patient positive for any of the following: EGFR exon 19 deletions, L858R mutations or ALK rearrangements? ***ACTION REQUIRED***: Please attach chart note(s) or test results of EGFR exon 19 deletions or L858R mutations and ALK rearrangements, where applicable.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 17*

❒ No ***ACTION REQUIRED****: Submit supporting documentation, Continue to 17*

❒ Unknown, *Continue to 16*

16. Is testing for these genomic tumor aberrations not feasible due to insufficient tissue?

❒ Yes, *Continue to 17*

❒ No, *Continue to 17*

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

❒ Recurrent disease, *No further questions*

❒ Advanced disease, *No further questions*

❒ Metastatic disease, *No further questions*

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

18. Will the requested drug be used as neoadjuvant treatment?

❒ Yes, *Continue to 19*

❒ No, *Continue to 19*

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

❒ Resectable disease, *No further questions*

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

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

❒ Relapsed disease, *Continue to 21*

❒ Advanced disease, *Continue to 21*

❒ Stage IV disease, *Continue to 21*

❒ Other, please specify. _____, *Continue to 21*

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

❒ Single agent, *Continue to 22*

❒ In combination with ipilimumab (Yervoy), *Continue to 24*

❒ In combination with cabozantinib, *No further questions*

❒ Other, please specify. _____, *Continue to 24*

22. What is the histology?

❒ Clear cell, *Continue to 23*

❒ Non-clear cell, *No further questions*

23. 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*

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

❒ First-line treatment, *Continue to 25*

❒ Subsequent treatment, *Continue to 26*

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

❒ Poor risk, *Continue to 26*

❒ Intermediate risk, *Continue to 26*

❒ Favorable risk, *Continue to 26*

❒ Other, please specify. _____, *Continue to 26*

26. What is the histology?

❒ Clear cell, *No further questions*

❒ Non-clear cell, *No further questions*

27. Will the requested drug be used as a single agent, in combination with brentuximab vedotin or in combination with ICE (ifosfamide, carboplatin, etoposide)?

❒ Yes, as a single agent, *Continue to 33*

❒ Yes, in combination with brentuximab vedotin, *Continue to 32*

❒ Yes, in combination with ICE (ifosfamide, carboplatin, etoposide), *Continue to 32*

❒ No, *Continue to 28*

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

❒ The patient has received high-dose therapy and autologous stem cell rescue (HDT/ASCR), *Continue to 29*

❒ The patient is transplant ineligible, *Continue to 30*

❒ The patient has been either heavily pretreated or there was a decrease in cardiac function, *Continue to 30*

❒ The patient is post-allogeneic transplant, *Continue to 31*

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

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

❒ Relapsed disease, *Continue to 31*

❒ Progressed disease, *Continue to 31*

❒ Other, please specify. _____, *Continue to 31*

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

❒ Relapsed disease, *Continue to 31*

❒ Refractory disease, *Continue to 31*

❒ Other, please specify. _____, *Continue to 31*

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

❒ Palliative therapy, *No further questions*

❒ Subsequent therapy, *No further questions*

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

32. 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*

33. Is the disease refractory to at least three lines of prior therapy?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

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

❒ Yes, *Continue to 35*

❒ No, *Continue to 35*

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

❒ Recurrent disease, *Continue to 36*

❒ Metastatic disease, *Continue to 36*

❒ Other, please specify. _____, *Continue to 36*

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

❒ First-line treatment, *Continue to 37*

❒ Subsequent treatment, *Continue to 37*

37. Is the patient's disease positive for programmed death ligand 1 (PD-L1) (combined positive score [CPS] 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*

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

❒ Unresectable disease, *Continue to 39*

❒ Recurrent disease, *Continue to 39*

❒ Persistent disease, *Continue to 39*

❒ Metastatic disease, *Continue to 39*

❒ Other, please specify. _____, *Continue to 39*

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

❒ Non-nasopharyngeal cancer, *No further questions*

❒ Nasopharyngeal cancer, *Continue to 40*

40. Will the requested drug be used in combination with cisplatin and gemcitabine?

❒ 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*

❒ Metastatic disease, *Continue to 43*

❒ Recurrent disease, *Continue to 43*

❒ Persistent disease, *Continue to 43*

❒ High risk of recurrence after undergoing resection, *Continue to 44*

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

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

❒ First-line treatment, *Continue to 44*

❒ Subsequent treatment, *No further questions*

44. Will the requested drug be used as adjuvant treatment?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

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

❒ Yes, *Continue to 46*

❒ No, *Continue to 46*

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

❒ Recurrent disease, *Continue to 47*

❒ Locally advanced disease, *Continue to 47*

❒ Metastatic disease, *Continue to 47*

❒ High risk of recurrence after undergoing resection, *Continue to 48*

❒ Other, please specify. _____, *Continue to 47*

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

❒ First-line treatment, *Continue to 48*

❒ Subsequent treatment, *No further questions*

48. Will the requested drug be used as adjuvant treatment?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

49. Will the requested drug be used as a single agent?
❒ Yes, *Continue to 50*
❒ No, *Continue to 50*

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

❒ Locally advanced disease, *Continue to 51*

❒ Metastatic disease, *Continue to 51*

❒ High risk of recurrence after undergoing resection, *Continue to 52*

❒ Other, please specify. _____, *Continue to 51*

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

❒ First-line treatment, *Continue to 52*

❒ Subsequent treatment, *No further questions*

52. Will the requested drug be used as adjuvant treatment?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

53. 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 54*

❒ No, *Continue to 54*

❒ Unknown, *Continue to 54*

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

❒ Inoperable disease, *Continue to 55*

❒ Unresectable disease, *Continue to 55*

❒ Metastatic disease, *Continue to 55*

❒ Advanced disease, *Continue to 55*

❒ Other, please specify. _____, *Continue to 55*

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

❒ Single agent, *No further questions*

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

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

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

❒ As a single agent, *No further questions*

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

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

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

❒ Metastatic disease, *Continue to 58*

❒ Unresectable disease, *Continue to 58*

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

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

❒ Single agent, *No further questions*

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

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

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

❒ Yes, *Continue to 60*

❒ No, *Continue to 60*

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

❒ Metastatic disease, *Continue to 61*

❒ Other, please specify. _____, *Continue to 61*

61. 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*

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

❒ Node positive disease, *Continue to 63*

❒ Metastatic disease, *No further questions*

❒ Progressive disease, *Continue to 64*

❒ Unresectable disease, *Continue to 64*

❒ Recurrent disease, *Continue to 64*

❒ Stage IV disease, *Continue to 64*

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

63. Will the requested drug be used as neoadjuvant treatment?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

64. Will the requested drug be used in combination with ipilimumab (Yervoy)?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

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

❒ Single agent, *Continue to 66*

❒ In combination with ipilimumab (Yervoy), *Continue to 68*

❒ Other, please specify. _____, *Continue to 66*

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

❒ Melanoma, *No further questions*

❒ Non-small cell lung cancer, *Continue to 67*

❒ Other, please specify. _____, *Continue to 67*

67. 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*

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

❒ Melanoma, *No further questions*

❒ Non-small cell lung cancer, *No further questions*

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

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

70. Is the disease resistant to multi-agent chemotherapy?
❒ Yes, *Continue to 71*
❒ No, *Continue to 71*

71. What type of disease does the patient have?
❒ Intermediate trophoblastic tumor (placental site trophoblastic tumor or epithelioid trophoblastic tumor), *Continue to 72*

❒ High-risk disease, *No further questions*

❒ Other, please specify. _____, *Continue to 72*

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

❒ Recurrent disease, *Continue to 73*

❒ Progressive disease, *Continue to 73*

❒ Other, please specify. _____, *Continue to 73*

73. Has the patient previously received treatment with a platinum based regimen (e.g., cisplatin, carboplatin)?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

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

❒ First-line therapy, *Continue to 76*

❒ Subsequent treatment, *Continue to 75*

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

❒ Single agent, *No further questions*

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

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

76. Will the requested drug be used in combination with ipilimumab (Yervoy)?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

77. Will the requested drug be used as adjuvant treatment of completely resected esophageal or gastroesophageal junction cancer with residual pathologic disease?
❒ Yes, *No Further Questions*
❒ No, *Continue to 78*

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

❒ Patient is not a surgical candidate, *Continue to 79*

❒ Unresectable locally advanced disease, *Continue to 79*

❒ Recurrent disease, *Continue to 79*

❒ Metastatic disease, *Continue to 79*

❒ Neoadjuvant treatment, *Continue to 81*

❒ Perioperative treatment, *Continue to 81*

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

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

❒ First-line treatment, *Continue to 80*

❒ Subsequent treatment, *No further questions*

80. How will the requested drug be used?

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

❒ In combination with fluoropyrimidine and platinum containing chemotherapy, *No further questions*

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

81. Will the requested drug be used to treat esophageal or esophagogastric junction adenocarcinoma?

❒ Yes, *Continue to 82*
❒ No, *Continue to 82*

82. 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 83*

❒ No, *Continue to 83*

❒ Unknown, *Continue to 83*

83. Is the patient medically fit for surgery?
❒ Yes, *Continue to 84*
❒ No, *Continue to 84*

84. How will the requested drug be used?

❒ As a single agent, *No further questions*

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

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

85. 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*

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

❒ Single agent, *Continue to 87*

❒ In combination with ipilimumab (Yervoy), *Continue to 87*

❒ Other, please specify. _____, *Continue to 87*

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

❒ Advanced disease, *Continue to 88*

❒ Metastatic disease, *Continue to 88*

❒ Other, please specify. _____, *Continue to 88*

88. 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*

89. Will the requested drug be used in combination with ipilimumab (Yervoy)?
❒ Yes, *Continue to 90*
❒ No, *Continue to 90*

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

❒ Progressive disease, *Continue to 91*

❒ Unresectable disease, *Continue to 91*

❒ Metastatic disease, *Continue to 91*

❒ Other, please specify. _____, *Continue to 91*

91. 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*

92. 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 93*

❒ No, *Continue to 93*

❒ Unknown, *Continue to 93*

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

❒ Recurrent disease, *Continue to 94*

❒ Metastatic disease, *Continue to 94*

❒ Other, please specify. _____, *Continue to 94*

94. 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*

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

❒ Advanced disease, *Continue to 96*

❒ Recurrent disease, *Continue to 96*

❒ Metastatic disease, *Continue to 96*

❒ Other, please specify. _____, *Continue to 96*

96. Is the disease HPV-related?

❒ Yes, *Continue to 97*

❒ No, *Continue to 97*

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

❒ First line therapy, *Continue to 98*

❒ Subsequent therapy, *Continue to 98*

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

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

❒ Patient is not a surgical candidate, *Continue to 100*

❒ Unresectable locally advanced disease, *Continue to 100*

❒ Recurrent disease, *Continue to 100*

❒ Metastatic disease, *Continue to 100*

❒ Neoadjuvant treatment, *Continue to 101*

❒ Perioperative treatment, *Continue to 101*

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

100. Will the requested drug be used in combination with ipilimumab (Yervoy) or chemotherapy?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

101. Will the requested drug be used to treat gastric adenocarcinoma?
❒ Yes, *Continue to 102*
❒ No, *Continue to 102*

102. 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 103*

❒ No, *Continue to 103*

❒ Unknown, *Continue to 103*

103. Is the patient medically fit for surgery?
❒ Yes, *Continue to 104*
❒ No, *Continue to 104*

104. How will the requested drug be used?

❒ As a single agent, *No further questions*

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

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

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

❒ Relapsed disease, *Continue to 106*

❒ Progressive disease, *Continue to 106*

❒ Other, please specify. _____, *Continue to 106*

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

❒ First line therapy, *Continue to 107*

❒ Subsequent therapy, *Continue to 107*

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

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

❒ As adjuvant treatment, *Continue to 109*

❒ Recurrent disease, *Continue to 109*

❒ Progressive disease, *Continue to 109*

❒ Other, please specify. _____, *Continue to 109*

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

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

❒ As a single agent, *Continue to 111*

❒ In combination with brentuximab vedotin (Adcetris), *Continue to 111*

❒ Other, please specify. _____, *Continue to 111*

111. 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*

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

❒ Classic Kaposi sarcoma, *Continue to 113*

❒ Other, please specify. _____, *Continue to 113*

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

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

❒ First-line therapy, *Continue to 115*

❒ Subsequent therapy, *Continue to 115*

115. 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*

116. Will the requested drug be used in combination with ipilimumab (Yervoy)?

❒ Yes, *Continue to 117*
❒ No, *Continue to 117*

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

❒ Unresectable disease, *Continue to 118*

❒ Metastatic disease, *Continue to 118*

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

118. Is the tumor mutation burden-high (TMB-H) [equal or greater to10 mutations/megabase (mut/Mb)] tumors? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming tumor mutation burden-high (TMB-H) status.

❒ Yes ***ACTION REQUIRED****: Submit supporting documentation, Continue to 119*

❒ No, *Continue to 119*

❒ Unknown, *Continue to 119*

119. Has the disease progressed following prior treatment?
❒ Yes, *Continue to 120*
❒ No, *Continue to 120*

120. Are there satisfactory alternative treatment options available for the patient's disease?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

121. Will the requested drug be used in combination with ipilimumab (Yervoy)?
❒ Yes, *Continue to 122*
❒ No, *Continue to 122*

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

❒ First-line therapy, *Continue to 123*

❒ Subsequent therapy, *Continue to 123*

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

❒ Unresectable gross residual (R2) disease, *Continue to 124*

❒ Resected gross residual (R2) disease, *Continue to 124*

❒ Metastatic disease, *Continue to 124*

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

124. Is the tumor mutation burden-high (TMB-H)? ***ACTION REQUIRED***: If Yes, attach chart note(s) or test results confirming mutation burden-high (TMB-H) status.

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

❒ No, *No further questions*

❒ Unknown, *No further questions*

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

❒ Extremity/body wall sarcomas, *Continue to 126*

❒ Head/neck sarcomas, *Continue to 126*

❒ Retroperitoneal/intra-abdominal sarcomas, *Continue to 126*

❒ Rhabdomyosarcoma, *Continue to 126*

❒ Angiosarcoma, *Continue to 127*

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

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

❒ Single agent, *No further questions*

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

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

127. Will the requested drug be used in combination with ipilimumab (Yervoy)?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

128. What is the diagnosis?

❒ Cutaneous melanoma, *Continue to 129*

❒ Non-small cell lung cancer (NSCLC), *Continue to 132*

❒ Renal cell carcinoma, *Continue to 138*

❒ Classical Hodgkin lymphoma (cHL), *Continue to 149*

❒ Head and neck cancers, *Continue to 149*

❒ Urothelial carcinoma - Bladder cancer, *Continue to 129*

❒ Urothelial carcinoma - Primary carcinoma of the urethra, *Continue to 129*
❒ Urothelial carcinoma - Upper genitourinary tract tumor or urothelial carcinoma of the prostate, *Continue to 129*

❒ Colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma), *Continue to 149*

❒ Small bowel adenocarcinoma, *Continue to 149*

❒ Ampullary adenocarcinoma, *Continue to 149*

❒ Hepatocellular carcinoma, *Continue to 149*

❒ Uveal melanoma, *Continue to 149*

❒ Anal carcinoma, *Continue to 149*

❒ Merkel cell carcinoma, *Continue to 149*
❒ Central nervous system (CNS) brain metastases in patients with melanoma or non-small cell lung cancer, *Continue to 149*

❒ Gestational trophoblastic neoplasia, *Continue to 149*
❒ Malignant pleural or peritoneal mesothelioma, including pericardial mesothelioma and tunica vaginalis testis mesothelioma, *Continue to 132*

❒ Esophageal and esophagogastric junction carcinoma, *Continue to 144*

❒ Extranodal NK/T-cell lymphoma, *Continue to 149*

❒ Endometrial carcinoma, *Continue to 149*

❒ Vulvar squamous cell carcinoma, *Continue to 149*

❒ Gastric cancer, *Continue to 141*

❒ Small cell lung cancer, *Continue to 149*

❒ Cervical cancer, *Continue to 149*

❒ Pediatric Diffuse High-Grade Gliomas, *Continue to 149*

❒ Pediatric primary mediastinal large B-Cell lymphoma, *Continue to 149*

❒ Kaposi sarcoma, *Continue to 149*

❒ Bone cancer, *Continue to 149*

❒ Biliary Tract Cancer (Cholangiocarcinoma and Gallbladder Cancer), *Continue to 149*

❒ Soft tissue sarcoma, *Continue to 149*

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

129. Is the requested drug prescribed for the adjuvant treatment of melanoma or urothelial carcinoma?
❒ Yes, *Continue to 130*
❒ No, *Continue to 149*

130. Is there evidence of disease recurrence or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to 131*
❒ No, *Continue to 131*

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

132. Will the requested drug be used in combination with ipilimumab or in combination with platinum-doublet chemotherapy?
❒ Yes, *Continue to 133*
❒ No, *Continue to 149*

133. Is this request for neoadjuvant treatment of NSCLC?
❒ Yes, *Continue to 134*
❒ No, *Continue to 136*

134. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to 135*
❒ No, *Continue to 135*

135. How many months has the patient received therapy with the requested drug?
_____months, *No further questions*

136. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to 137*
❒ No, *Continue to 137*

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

138. Will the requested drug be used in combination with cabozantinib?
❒ Yes, *Continue to 139*
❒ No, *Continue to 149*

139. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to 140*
❒ No, *Continue to 140*

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

141. Will the requested drug be used in combination with chemotherapy?
❒ Yes, *Continue to 142*
❒ No, *Continue to 142*

142. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to 143*
❒ No, *Continue to 143*

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

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

❒ Esophageal squamous cell carcinoma in combination with ipilimumab, *Continue to 145*

❒ Esophageal squamous cell carcinoma in combination with chemotherapy, *Continue to 145*

❒ Unresectable advanced esophageal squamous cell carcinoma single agent treatment, *Continue to 149*

❒ Recurrent esophageal squamous cell carcinoma single agent treatment, *Continue to 149*

❒ Metastatic esophageal squamous cell carcinoma single agent treatment, *Continue to 149*

❒ Resected esophageal cancer used as a single agent adjuvant treatment, *Continue to 147*

❒ Resected esophagogastric junction cancer used as a single adjuvant agent treatment, *Continue to 147*

❒ Esophagogastric junction cancer in combination with chemotherapy, *Continue to 145*

❒ Esophageal adenocarcinoma in combination with chemotherapy, *Continue to 145*

❒ Other, please specify. _____, *Continue to 149*

145. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to 146*
❒ No, *Continue to 146*

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

147. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to 148*
❒ No, *Continue to 148*

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

149. Is there evidence of disease progression or unacceptable toxicity while 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