Opdivo

Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-855-330-1720**. If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518.** For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

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* ❑ *Home* ❑ *Off Campus Outpatient Hospital*
❑ *On Campus Outpatient Hospital* ❑ *Office* ❑ *Pharmacy*

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

CVS Caremark Specialty Pharmacy ● 2211 Sanders Road NBT-6 ● Northbrook, IL 60062
Phone: 1-888-877-0518 ● Fax: 1-855-330-1720 ● www.caremark.com

Site of Service Questions (SOS):

A. Indicate the site of service requested:
- ❑ On Campus Outpatient Hospital
- ❑ Off Campus Outpatient Hospital
- ❑ Home infusion, *skip to Criteria Questions*
- ❑ Physician office, *skip to Criteria Questions*
- ❑ Ambulatory surgical, *skip to Criteria Questions*
- ❑ Pharmacy, *skip to Criteria Questions.*

B. Is this request to continue previously established treatment with the requested medication?
- ❑ No – This is a new therapy request (patient has not received 6 months or more of requested medication). *Skip to Clinical Criteria Questions*
- ❑ Yes – This is a continuation of existing treatment (patient has received requested medication for 6 months). *Skip to Clinical Criteria Questions*
- ❑ Yes – This is a continuation of an existing treatment (patient has received requested medication for 7 months or greater – initial 6 months plus 45 days grace period).

C. Is the patient receiving provider administered combination chemotherapy? ***ACTION REQUIRED: If Yes, please attach supporting clinical documentation.*** ❑ Yes, *skip to Clinical Criteria Questions* ❑ No

D. Has the patient experienced an adverse event with the requested product that has not responded to conventional interventions (eg acetaminophen, steroids, diphenhydramine, fluids, or other pre- medications or slowing of the infusion rate) or a severe adverse event (anaphylaxis, anaphylactoid reactions, myocardial infarction, thromboembolism, or seizures) during or immediately after an infusion? ***ACTION REQUIRED: If Yes, please attach supporting clinical documentation.*** ❑ Yes, *skip to Clinical Criteria Questions* ❑ No

E. Has the patient experienced severe toxicity requiring continuous monitoring (e.g. Grade 2-4 bullous dermatitis, transaminitis, pneumonitis, Stevens-Johnson syndrome, acute pancreatitis, primary adrenal insufficiency aseptic meningitis, encephalitis, transverse myelitis, myocarditis, pericarditis, arrhythmias, impaired ventricular function, or conduction abnormalities)? ***ACTION REQUIRED: If Yes, please attach supporting clinical documentation.***
❑ Yes, *skip to Clinical Criteria Questions* ❑ No

F. Is the patient medically unstable which may include respiratory, cardiovascular, or renal conditions that may limit the member's ability to tolerate a large volume or load or predispose the member to a severe adverse event that cannot be managed in an alternate setting without appropriate medical personnel and equipment?
ACTION REQUIRED: If Yes, please attach supporting clinical documentation.
❑ Yes, *skip to Clinical Criteria Questions* ❑ No

G. Does the patient have severe venous access issues that require the use of a special intervention only available in the outpatient hospital setting? ***ACTION REQUIRED: If Yes, please attach supporting clinical documentation.***
❑ Yes, *skip to Clinical Criteria Questions* ❑ No

H. Does the patient have significant behavioral issues and/or physical or cognitive impairment that would impact the safety of the infusion therapy AND the patient does not have access to a caregiver?
ACTION REQUIRED: If Yes, please attach supporting clinical documentation. ❑ Yes ❑ No

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*

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 #700*

❒ No, *Continue to #5*

5. What is the diagnosis?

❒ Cutaneous melanoma, *Continue to #10*

❒ Non-small cell lung cancer (NSCLC), *Continue to #15*

❒ Renal cell carcinoma, *Continue to #40*

❒ Classical Hodgkin lymphoma (cHL), *Continue to #50*

❒ Cervical cancer, *Continue to #65*

❒ Head and neck cancers, *Continue to #70*

❒ Urothelial carcinoma- Bladder cancer, *Continue to #80*

❒ Urothelial carcinoma- Primary carcinoma of the urethra, *Continue to #90*

❒ Urothelial carcinoma- Upper genitourinary tract tumor or urothelial carcinoma of the prostate, *Continue to #100*

❒ Colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma), *Continue to #110*

❒ Small bowel adenocarcinoma, *Continue to #240*

❒ Ampullary adenocarcinoma, *Continue to #245*

❒ Hepatocellular carcinoma, *Continue to #150*

❒ Uveal melanoma, *Continue to #160*

❒ Anal carcinoma, *Continue to #170*

❒ Merkel cell carcinoma, *Continue to #180*

❒ Central nervous system (CNS) brain metastases in patients with melanoma or non-small cell lung cancer, *Continue to #190*

❒ Gestational trophoblastic neoplasia, *Continue to #200*

❒ Malignant pleural or peritoneal mesothelioma, including pericardial mesothelioma and tunica vaginalis testis mesothelioma, *Continue to #210*

❒ Esophageal and esophagogastric junction carcinoma, *Continue to #220*

❒ Extranodal NK/T-cell lymphoma, *Continue to #235*
❒ Endometrial carcinoma, *Continue to #250*
❒ Vulvar squamous cell carcinoma, *Continue to #280*
❒ Gastric cancer, *Continue to #300*
❒ Small cell lung cancer, *Continue to #400*
❒ Pediatric diffuse high-grade gliomas, *Continue to #410*
❒ Primary mediastinal large B-Cell lymphoma, *Continue to #420*
❒ Kaposi sarcoma, *Continue to #430*
❒ Other, *No Further Questions*

Cutaneous melanoma

10. What is the clinical setting in which the requested drug will be used?
❒ Adjuvant treatment, *Continue to #11*
❒ Unresectable disease, *Continue to #14*
❒ Locally recurrent, *Continue to #14*
❒ Metastatic disease, *Continue to #14*
❒ Other, *No Further Questions*

11. What is the clinical setting in which the requested drug will be used?
❒ Stage III disease, *Continue to #12*
❒ Stage IV disease, *Continue to #12*
❒ Other, *Continue to #12*

12. Has the patient had a complete resection or no evidence of disease?
❒ Yes, *Continue to #13*
❒ No, *Continue to #13*

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

14. Will the requested drug be used in any of the following regimens?
❒ Single agent, *No Further Questions*
❒ In combination with ipilimumab, *No Further Questions*
❒ Other, *No Further Questions*

Non-small cell lung cancer

15. Will the requested drug be used in any of the following regimens?
❒ Single agent, *Continue to #16*
❒ In a regimen containing ipilimumab, *Continue to #17*
❒ In combination with platinum-doublet chemotherapy (e.g., docetaxel and cisplatin), *Continue to #20*
❒ Other, *No Further Questions*

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

❒ First-line treatment, *Continue to #19*

❒ Subsequent treatment, *Continue to #19*

17. Are there no EGFR exon 19 deletions or L858R mutations or ALK rearrangements ? ***ACTION REQUIRED****: Please attach documentation of EGFR exon 19 deletions or L858R mutations or ALK rearrangements, where applicable*

❒ Yes, *Continue to #19*

❒ No, *No Further Questions*

❒ Unknown, *Continue to #18*

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

❒ Yes, *Continue to #19*

❒ No, *Continue to #19*

19. 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, *No Further Questions*

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

❒ Yes, *Continue to #21*

❒ No, *Continue to #21*

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

❒ Resectable disease, *No Further Questions*

❒ Other, *No Further Questions*

Renal cell carcinoma

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

❒ Relapsed disease, *Continue to #41*

❒ Advanced disease, *Continue to #41*

❒ Stage IV disease, *Continue to #41*

❒ Other, *Continue to #41*

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

❒ Single agent, *Continue to #42*

❒ In combination with ipilimumab, *Continue to #44*

❒ In combination with cabozantinib, *No Further Questions*

❒ Other, *No Further Questions*

42. What is the histology?
❒ Clear cell, *Continue to #43*
❒ Non-clear cell, *No Further Questions*

43. 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*

44. What is the place in therapy in which the requested drug will be used?
❒ First-line treatment, *Continue to #45*
❒ Subsequent treatment, *Continue to #46*

45. What is the clinical setting in which the requested drug will be used?
❒ Poor risk, *No Further Questions*
❒ Intermediate risk, *No Further Questions*
❒ Favorable risk, *Continue to #46*

46. What is the histology?
❒ Clear cell, *No Further Questions*
❒ Non-clear cell, *No Further Questions*

Classical Hodgkin lymphoma

50. Will the requested drug be used in combination with brentuximab vedotin?
❒ Yes, *Continue to #55*
❒ No, *Continue to #51*

51. 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 #52*
❒ The patient is transplant ineligible, *Continue to #53*
❒ The patient has been heavily pretreated or there was a decrease in cardiac function, *Continue to #53*
❒ The patient is post-allogeneic transplant, *Continue to #54*
❒ Other, *No Further Questions*

52. What is the clinical setting in which the requested medication will be used?
❒ Relapsed disease, *Continue to #54*
❒ Progressed disease, *Continue to #54*
❒ Other, *Continue to #54*

53. What is the clinical setting in which the requested medication will be used?
❒ Relapsed disease, *Continue to #54*
❒ Refractory disease, *Continue to #54*
❒ Other, *Continue to #54*

54. 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, *No Further Questions*

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

❒ Relapsed disease, *No Further Questions*

❒ Refractory disease, *No Further Questions*

❒ Other, *No Further Questions*

Cervical Cancer

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

❒ Yes, *Continue to #66*

❒ No, *Continue to #66*

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

❒ Persistent disease, *Continue to #67*

❒ Recurrent disease, *Continue to #67*

❒ Metastatic disease, *Continue to #67*

❒ Other, *Continue to #67*

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

❒ First-line treatment, *Continue to #68*

❒ Subsequent treatment, *Continue to #68*

68. Is the patient's disease positive for programmed death ligand 1 (PD-L1) (combined positive score [CPS] ≥1)?
Action Required: If 'Yes', attach supporting chart note(s) for PD-L1 expression

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

❒ Unknown, *No Further Questions*

Head and neck cancers

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

❒ Unresectable disease, *Continue to #71*

❒ Recurrent disease, *Continue to #71*

❒ Metastatic disease, *Continue to #71*

❒ Other, *Continue to #71*

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

❒ Non-nasopharyngeal cancer, *Continue to #72*

❒ Nasopharyngeal cancer, *Continue to #73*

72. 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*

73. Will the requested drug be used in combination with cisplatin and gemcitabine?
❒ Yes, *No Further Questions*
❒ No, *No Further Questions*

Bladder cancer

80. Will the requested drug be used as a single agent?
❒ Yes, *Continue to #81*
❒ No, *Continue to #81*

81. What is the clinical setting in which the requested drug will be used?
❒ Locally advanced disease, *Continue to #82*
❒ Metastatic disease, *Continue to #82*
❒ Recurrent disease, *Continue to #82*
❒ Persistent disease, *Continue to #82*
❒ High risk of recurrence after undergoing resection, *Continue to #83*
❒ Other, *No Further Questions*

82. 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*

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

Primary carcinoma of the urethra

90. Will the requested drug be used as a single agent?
❒ Yes, *Continue to #91*
❒ No, *Continue to #91*

91. What is the clinical setting in which the requested drug will be used?
❒ Recurrent disease, *Continue to #92*
❒ Locally advanced disease, *Continue to #92*
❒ Metastatic disease, *Continue to #92*
❒ High risk of recurrence after undergoing resection, *Continue to #93*
❒ Other, *No Further Questions*

92. 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*

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

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

Upper genitourinary tract tumor or urothelial carcinoma of the prostate

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

❒ Yes, *Continue to #101*

❒ No, *Continue to #101*

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

❒ Locally advanced disease, *Continue to #102*

❒ Metastatic disease, *Continue to #102*

❒ High risk of recurrence after undergoing resection, *Continue to #103*

❒ Other, *No Further Questions*

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 adjuvant treatment?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

Colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma)

110. Is the tumor microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR)? ***Action required***: If 'Yes', attach laboratory report confirming microsatellite instability-high or mismatch repair deficient tumor status

❒ Yes, *Continue to #111*

❒ No, *Continue to #111*

❒ Unknown, *Continue to #111*

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

❒ Inoperable disease, *Continue to #112*

❒ Unresectable disease, *Continue to #112*

❒ Metastatic disease, *Continue to #112*

❒ Advanced disease, *Continue to #112*

❒ Other, *Continue to #112*

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

❒ Single agent, *No Further Questions*
❒ In combination with ipilimumab, *No Further Questions*
❒ Other, *No Further Questions*

Hepatocellular carcinoma

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 #151*

151. Will the requested drug be used in any of the following regimens?
❒ In combination with ipilimumab, *No Further Questions*
❒ Other, *No Further Questions*

Uveal melanoma

160. What is the clinical setting in which the requested drug will be used?
❒ Distant metastatic disease, *Continue to #161*
❒ Other, *Continue to #161*

161. Will the requested drug be used in any of the following regimens?
❒ Single agent, *No Further Questions*
❒ In combination with ipilimumab, *No Further Questions*
❒ Other, *No Further Questions*

Anal carcinoma

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

171. What is the clinical setting in which the requested drug will be used?
❒ Metastatic disease, *Continue to #172*
❒ Other, *Continue to #172*

172. 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*

Merkel cell carcinoma

180. What is the clinical setting in which the requested drug will be used?
❒ Node positive disease, *Continue to #181*
❒ Metastatic disease, *No Further Questions*
❒ Other, *Continue to #181*

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

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

Central nervous system (CNS) brain metastases in patients with melanoma or non-small cell lung cancer

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

❒ Single agent, *Continue to #191*

❒ In combination with ipilimumab, *Continue to #193*

❒ Other, *No Further Questions*

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

❒ Melanoma, *No Further Questions*

❒ Non-small cell lung cancer, *Continue to #192*

❒ Other, *Continue to #192*

192. Is the patient's disease positive for programmed death ligand 1 (PD-L1)? ***Action Required***: If 'Yes', attach supporting chart note(s) for PD-L1 expression

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

❒ Unknown, *No Further Questions*

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

❒ Melanoma, *No Further Questions*

❒ Non-small cell lung cancer, *No Further Questions*

❒ Other, *No Further Questions*

Gestational trophoblastic neoplasia

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

❒ Yes, *Continue to #201*

❒ No, *Continue to #201*

201. Is the disease resistant to multi-agent chemotherapy?

❒ Yes, *Continue to #202*

❒ No, *Continue to #202*

202. What type of disease does the patient have?

❒ Intermediate trophoblastic tumor (placental site trophoblastic tumor or epithelioid trophoblastic tumor), *Continue to #203*

❒ High-risk disease, *No Further Questions*

❒ Other, *Continue to #203*

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

❒ Recurrent disease, *Continue to #204*

❒ Progressive disease, *Continue to #204*

❒ Other, *Continue to #204*

204. Has the patient previously received treatment with a platinum based regimen (e.g., cisplatin, carboplatin)?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

Malignant pleural or peritoneal mesothelioma, including pericardial mesothelioma and tunica vaginalis testis mesothelioma

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

❒ First-line therapy, *Continue to #212*

❒ Subsequent treatment, *Continue to #211*

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

❒ Single agent, *No Further Questions*

❒ In combination with ipilimumab, *No Further Questions*

❒ Other, *No Further Questions*

212. Will the requested drug be used in combination with ipilimumab?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

Esophageal and esophagogastric junction carcinoma

220. Will the requested medication be used as postoperative therapy following preoperative chemoradiation and complete tumor resection?

❒ Yes, *Continue to #228*

❒ No, *Continue to #221*

221. What is patient's histology?

❒ Squamous cell carcinoma, *Continue to #222*

❒ Adenocarcinoma, *Continue to #226*

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

❒ First-line treatment, *Continue to #224*

❒ Subsequent treatment, *Continue to #223*

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

❒ Unresectable advanced disease, *No Further Questions*

❒ Recurrent disease, *No Further Questions*

❒ Metastatic disease, *No Further Questions*

❒ Other, *No Further Questions*

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

❒ Unresectable advanced disease, *Continue to #225*

❒ Metastatic disease, *Continue to #225*

❒ Other, *Continue to #225*

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

❒ In combination with ipilimumab, *No Further Questions*

❒ In combination with fluoropyrimidine- and platinum-containing chemotherapy (e.g., cisplatin, carboplatin), *No Further Questions*

❒ Other, *No Further Questions*

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

❒ Patient is not a surgical candidate, *Continue to #227*

❒ Unresectable locally advanced disease, *Continue to #227*

❒ Recurrent disease, *Continue to #227*

❒ Metastatic disease, *Continue to #227*

❒ Other, *Continue to #227*

227. Will the requested medication be used in combination with chemotherapy?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

228. Does the patient have residual pathologic disease?

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

Extranodal NK/T-cell lymphoma

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

❒ Relapsed disease, *No Further Questions*

❒ Refractory disease, *No Further Questions*

❒ Other, *No Further Questions*

Small bowel adenocarcinoma

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

❒ Single agent, *Continue to #241*

❒ In combination with ipilimumab, *Continue to #241*

❒ Other, *Continue to #241*

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

❒ Advanced disease, *Continue to #242*

❒ Metastatic disease, *Continue to #242*

❒ Other, *Continue to #242*

242. Is the tumor microsatellite-instability high (MSI-H) or mismatch repair deficient (dMMR)? ***Action Required***: If 'Yes', attach laboratory report confirming microsatellite instability-high or mismatch repair deficient tumor status

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

❒ Unknown, *No Further Questions*

Ampullary adenocarcinoma

245. Will the requested drug be used in combination with ipilimumab?

❒ Yes, *Continue to #246*

❒ No, *Continue to #246*

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

❒ Progressive disease, *Continue to #247*

❒ Unresectable disease, *Continue to #247*

❒ Metastatic disease, *Continue to #247*

❒ Other, *Continue to #247*

247. Is the tumor microsatellite-instability high (MSI-H) or mismatch repair deficient (dMMR)? ***Action Required***: If 'Yes', attach laboratory report confirming microsatellite instability-high or mismatch repair deficient tumor status

❒ Yes, *No Further Questions*

❒ No, *No Further Questions*

❒ Unknown, *No Further Questions*

Endometrial carcinoma

250. Is the tumor microsatellite-instability high (MSI-H) or mismatch repair deficient (dMMR)? ***Action required***: If 'Yes', attach laboratory report confirming mismatch repair deficient tumor status

❒ Yes, *Continue to #251*

❒ No, *Continue to #251*

❒ Unknown, *Continue to #251*

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

❒ Recurrent disease, *Continue to #252*

❒ Metastatic disease, *Continue to #252*

❒ Other, *Continue to #252*

252. 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*

Vulvar Squamous Cell Carcinoma

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

❒ Advanced disease, *Continue to #281*
❒ Recurrent disease, *Continue to #281*
❒ Metastatic disease, *Continue to #281*
❒ Other, *Continue to #281*

281. Is the disease HPV-related?
❒ Yes, *Continue to #282*
❒ No, *Continue to #282*

282. What is the place in therapy in which the requested drug will be used?
❒ First line therapy, *Continue to #283*
❒ Subsequent therapy, *Continue to #283*

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

Gastric cancer

300. What is the clinical setting in which the requested drug will be used?
❒ Patient is not a surgical candidate, *Continue to #301*
❒ Unresectable locally advanced disease, *Continue to #301*
❒ Recurrent disease, *Continue to #301*
❒ Metastatic disease, *Continue to #301*
❒ Other, *Continue to #301*

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

Small Cell Lung Cancer

400. What is the clinical setting in which the requested drug will be used?
❒ Relapsed disease, *Continue to #401*
❒ Progressive disease, *Continue to #401*
❒ Other, *Continue to #401*

401. What is the place in therapy in which the requested drug will be used?
❒ First line therapy, *Continue to #402*
❒ Subsequent therapy, *Continue to #402*

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

Pediatric Diffuse High-Grade Gliomas

410. What is the clinical setting in which the requested drug will be used?
❒ As adjuvant treatment, *Continue to #411*
❒ Recurrent disease, *Continue to #411*
❒ Progressive disease, *Continue to #411*
❒ Other, *Continue to #411*

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

Primary mediastinal large B-Cell lymphoma

420. Will the requested drug be used as part of any of the following regimens?
❒ As a single agent, *Continue to #421*
❒ In combination with brentuximab vedotin (Adcetris), *Continue to #421*
❒ Other, *Continue to #421*

421. What is the clinical setting in which the requested drug will be used?
❒ Relapsed disease, *No Further Questions*
❒ Refractory disease, *No Further Questions*
❒ Other, *No Further Questions*

Kaposi Sarcoma

430. Which of the following type of Kaposi sarcoma applies to the patient?
❒ Classic Kaposi sarcoma, *Continue to #431*
❒ Other, *Continue to #431*

431. Will the requested drug be used in combination with ipilimumab (Yervoy)?
❒ Yes, *Continue to #432*
❒ No, *Continue to #432*

432. What is the place in therapy in which the requested drug will be used?
❒ First-line therapy, *Continue to #433*
❒ Subsequent treatment, *Continue to #433*

433. What is the clinical setting in which the requested drug will be used?
❒ Relapsed/refractory disease, *No further questions*
❒ Other, *No further questions*

Continuation of therapy

700. What is the diagnosis?
❒ Cutaneous melanoma, *Continue to #701*

❒ Non-small cell lung cancer (NSCLC), *Continue to #704*

❒ Renal cell carcinoma, *Continue to #715*

❒ Classical Hodgkin lymphoma (cHL), *Continue to #740*

❒ Head and neck cancers, *Continue to #740*

❒ Urothelial carcinoma- Bladder cancer, *Continue to #701*

❒ Urothelial carcinoma- Primary carcinoma of the urethra, *Continue to #701*

❒ Urothelial carcinoma- Upper genitourinary tract tumor or urothelial carcinoma of the prostate, *Continue to #701*

❒ Colorectal cancer (including appendiceal adenocarcinoma and anal adenocarcinoma), *Continue to #740*

❒ Small bowel adenocarcinoma, *Continue to #740*

❒ Ampullary adenocarcinoma, *Continue to #740*

❒ Hepatocellular carcinoma, *Continue to #740*

❒ Uveal melanoma, *Continue to #740*

❒ Anal carcinoma, *Continue to #740*

❒ Merkel cell carcinoma, *Continue to #740*

❒ Central nervous system (CNS) brain metastases in patients with melanoma or non-small cell lung cancer, *Continue to #740*

❒ Gestational trophoblastic neoplasia, *Continue to #740*

❒ Malignant pleural or peritoneal mesothelioma, including pericardial mesothelioma and tunica vaginalis testis mesothelioma, *Continue to #704*

❒ Esophageal and esophagogastric junction carcinoma, *Continue to #725*

❒ Extranodal NK/T-cell lymphoma, *Continue to #740*

❒ Endometrial carcinoma, *Continue to #740*

❒ Vulvar squamous cell carcinoma, *Continue to #740*

❒ Gastric cancer, *Continue to #720*

❒ Small cell lung cancer, *Continue to #740*

❒ Cervical cancer, *Continue to #740*

❒ Pediatric Diffuse High-Grade Gliomas, *Continue to #740*

❒ Primary mediastinal large B-Cell lymphoma, *Continue to #740*

❒ Kaposi sarcoma, *Continue to #740*

❒ Other, *No Further Questions*

Continuation of therapy – Adjuvant treatment of melanoma or urothelial carcinoma

701. Is the requested drug prescribed for the adjuvant treatment of melanoma or urothelial carcinoma?

❒ Yes, *Continue to #702*

❒ No, *Continue to #740*

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

❒ Yes, *Continue to #703*

❒ No, *Continue to #703*

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

_____ months, *No Further Questions*

Continuation of therapy – Non-small cell lung cancer or Malignant pleural or peritoneal mesothelioma, including pericardial mesothelioma and tunica vaginalis testis mesothelioma

704. Will the requested drug be used in combination with ipilimumab or in combination with platinum-doublet chemotherapy?

❒ Yes, *Continue to #705*

❒ No, *Continue to #740*

705. Is this request for neoadjuvant treatment of NSCLC?

❒ Yes, *Continue to #706*

❒ No, *Continue to #708*

706. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?

❒ Yes, *Continue to #707*

❒ No, *Continue to #707*

707. How many months has the patient received therapy with the requested medication?

_____ months, *No Further Questions*

708. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?

❒ Yes, *Continue to #709*

❒ No, *Continue to #709*

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

_____ months, *No Further Questions*

Continuation of therapy – Renal Cell Carcinoma

715. Will the requested drug be used in combination with cabozantinib?

❒ Yes, *Continue to #716*

❒ No, *Continue to #740*

716. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?

❒ Yes, *Continue to #717*

❒ No, *Continue to #717*

717. How many continuous months of treatment has the patient received with the requested drug in combination with cabozantinib?

_____ months, *No Further Questions*

Continuation of therapy – Gastric Cancer

720. Will the requested drug be used in combination with chemotherapy?

❒ Yes, *Continue to #721*

❒ No, *Continue to #721*

721. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to #722*
❒ No, *Continue to #722*

722. How many continuous months of treatment has the patient received with the requested drug? (
_____ months, *No Further Questions*

Continuation of therapy – Esophageal Cancer and Esophagogastric Junction Carcinoma

725. Which of the following applies to the patient's disease?
❒ Esophageal squamous cell carcinoma in combination with ipilimumab, *Continue to #726*
❒ Esophageal squamous cell carcinoma in combination with chemotherapy, *Continue to #726*
❒ Unresectable advanced esophageal squamous cell carcinoma single agent treatment, *Continue to #740*
❒ Recurrent esophageal squamous cell carcinoma single agent treatment, *Continue to #740*
❒ Metastatic esophageal squamous cell carcinoma single agent treatment, *Continue to #740*
❒ Resected esophageal cancer used as a single agent adjuvant treatment, *Continue to #728*
❒ Resected esophagogastric junction cancer used as a single adjuvant agent treatment, *Continue to #728*
❒ Esophagogastric junction cancer in combination with chemotherapy, *Continue to #726*
❒ Esophageal adenocarcinoma in combination with chemotherapy, *Continue to #726*
❒ Other, *Continue to #740*

726. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to #727*
❒ No, *Continue to #727*

727. How many continuous months of treatment has the patient received with the requested drug?
_____ months, *No Further Questions*

728. Is there evidence of disease progression or unacceptable toxicity while on the current regimen?
❒ Yes, *Continue to #729*
❒ No, *Continue to #729*

729. How many continuous months of treatment has the patient received with the requested drug?
_____ months, *No Further Questions*

Continuation of therapy – Other indications

740. 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: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720