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This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to {{COMPANY_NAME}} at {{CLIENT_PAG_FAX}}. Please contact {{COMPANY_NAME}} at {{CLIENT_PAG_PHONE}} with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of {{DRUGNAME}}.

Patient's Name: {{MEMFIRST}} {{MEMLAST}} Date: {{TODAY}}
Patient's ID: {{MEMBERID}} Patient's Date of Birth: {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}} Patient Phone: <<MEMPHONE>>
Specialty: _____ NPI#: _____
Physician Office Telephone: {{PHYSICIANPHONE}} Physician Office Fax: {{PHYSICIANFAX}}
Physician Office Address: <<PHYADDRESS1>> <<PHYADDRESS2>> <<PHYCITY>>, <<PHYSTATE>> <<PHYZIP>>
Drug Name: {{DRUGNAME}}

Quantity: _____ Frequency: _____ Strength: _____
Route of Administration: _____ Expected Length of Therapy: _____
Diagnosis: <<DIAGNOSIS>> ICD Code: <<ICD9>>

1. What is the prescribed medication? ❑ Xeloda ❑ capecitabine ❑ Other _____

2. What is the patient's diagnosis?
   - ❑ Breast cancer
   - ❑ Esophageal and esophagogastric junction cancer
   - ❑ Squamous cell skin cancer
   - ❑ Fallopian tube cancer
   - ❑ Mucinous carcinoma of the ovary
   - ❑ Anal carcinoma
   - ❑ Gestational trophoblastic neoplasia
   - ❑ Occult primary tumor (cancer of unknown primary)
   - ❑ Pancreatic adenocarcinoma
   - ❑ Gastric cancer
   - ❑ Ampullary adenocarcinoma
   - ❑ Primary peritoneal cancer
   - ❑ Penile cancer
   - ❑ Thymoma or thymic carcinoma
   - ❑ Small bowel adenocarcinoma
   - ❑ Neuroendocrine and adrenal tumors
   - ❑ Colorectal cancer (including appendiceal adenocarcinoma, anal adenocarcinoma, colon cancer, and rectal cancer)
   - ❑ Biliary tract cancer (including extrahepatic and intrahepatic cholangiocarcinoma and gallbladder cancer)
   - ❑ Ovarian cancer (including epithelial ovarian cancer, carcinosarcoma [malignant mixed Müllerian tumor], clear cell carcinoma, grade 1 endometrioid carcinoma, low-grade serous carcinoma/borderline epithelial tumor)
   - ❑ Head and neck cancer (including very advanced head and neck cancer)
   - ❑ Vulvar cancer
   - ❑ Cervical cancer
   - ❑ Endometrial carcinoma
   - ❑ Other _____

3. What is the ICD-10 code? _____

4. Is this a request for continuation of therapy with the requested medication?
   ❑ Yes ❑ No *If No, skip to diagnosis section.*

5. Is there evidence of unacceptable toxicity or disease progression while on the current regimen?
   ❑ Yes ❑ No *No further questions.*

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Breast Cancer

6. Will the requested medication be given in combination with ixabepilone (Ixempra)? ❑ Yes ❑ No

7. What is the clinical setting in which the requested medication will be used? *List continues on next page.*
   Indicate all that apply.
   - ❑ Recurrent disease
   - ❑ Relapsed disease
   - ❑ As initial therapy
   - ❑ Metastatic disease
   - ❑ Locally advanced disease
   - ❑ Advanced disease

- ❑ Recurrent unresectable disease
- ❑ Postoperative residual disease
- ❑ The patient had no response to preoperative systemic therapy
- ❑ Other _____

8. Does the patient have brain metastases in breast cancer? ❑ Yes ❑ No

9. Which of the following applies to the patient's disease?
   - ❑ Early-stage HER2-negative disease
   - ❑ HER2-positive disease
   - ❑ Triple negative disease (TNBC)
   - ❑ HER2-negative disease
   - ❑ Other _____

10. Will the requested be given in any of the following regimens?
    - ❑ In combination with a HER2-inhibitor (e.g. margetuximab-cmkb [Margenza], trastuzumab [Herceptin], lapatinib [Tykerb], neratinib [Nerlynx])
    - ❑ In combination with trastuzumab (Herceptin) and tucatinib (Tukysa)
    - ❑ As a single agent
    - ❑ In combination with docetaxel
    - ❑ Other _____

11. Will the requested medication be used in any of the following settings?
    - ❑ As adjuvant therapy
    - ❑ As maintenance therapy following adjuvant chemotherapy
    - ❑ The patient has brain metastases in breast cancer
    - ❑ Other _____

12. Will the requested medication be used as subsequent therapy? ❑ Yes ❑ No

13. Will the requested medication be given as a single agent? ❑ Yes ❑ No

Section B: Neuroendocrine and Adrenal Tumors

14. What is the origin for the disease?
    - ❑ The patient has neuroendocrine tumors of gastrointestinal tract, lung, or thymus (carcinoid tumors)
    - ❑ The patient has neuroendocrine and adrenal tumors of pancreas
    - ❑ The patient has extrapulmonary poorly differentiated disease/large or small cell disease/mixed neuroendocrine-non-neuroendocrine neoplasm
    - ❑ The patient has well differentiated grade 3 neuroendocrine tumors
    - ❑ Other _____

15. Will the requested medication be given in any of the following regimens? *Indicate all that apply*.
    - ❑ In combination with temozolomide (Temodar)
    - ❑ With concurrent or sequential radiation
    - ❑ As a component of CAPEOX (capecitabine and oxaliplatin) regimen
    - ❑ Other _____

Section C: Ovarian Cancer, Fallopian Tube Cancer, Primary Peritoneal Cancer, Mucinous Carcinoma of the Ovary

16. Please indicate which of the following applies to the patient's disease?
    - ❑ Carcinosarcoma (malignant mixed Mullerian tumors)
    - ❑ Clear cell carcinoma
    - ❑ Epithelial ovarian cancer
    - ❑ Fallopian tube cancer
    - ❑ Grade 1 endometrioid carcinoma
    - ❑ Mucinous carcinoma of the ovary
    - ❑ Low-grade serous carcinoma/borderline epithelial tumor
    - ❑ Primary peritoneal cancer
    - ❑ Other _____

17. What is the clinical setting in which the requested medication will be used? *Indicate all that apply.*
    - ❑ Persistent disease
    - ❑ Recurrent disease
    - ❑ Platinum-sensitive (e.g., carboplatin, cisplatin) recurrence
    - ❑ Platinum-resistant (e.g., carboplatin, cisplatin) recurrence
    - ❑ Other _____

18. Will the requested medication be given as a single agent? ❑ Yes ❑ No

19. Will the requested medication be given in combination with oxaliplatin as adjuvant treatment?
    ❑ Yes ❑ No

20. Will the requested be given in any of the following regimens?
    ❑ As a single agent ❑ In combination with oxaliplatin
    ❑ Other _____

Section D: Head and Neck Cancer, Penile Cancer, Gestational Trophoblastic Neoplasia

21. Will the requested medication be given as a single agent? ❑ Yes ❑ No

Section E: Occult Primary Tumor

22. Will the requested medication be given in any of the following regimens?
    ❑ As a single agent ❑ As a component of CAPEOX (capecitabine and oxaliplatin) regimen
    ❑ Other _____

Section F: Anal Carcinoma

23. Will the requested medication be given in any of the following regimens?
    ❑ The requested medication with concurrent chemoradiation and in combination with mitomycin
    ❑ The requested medication with radiation as a single agent
    ❑ Other _____

24. Is the requested medication being used after primary treatment of metastatic disease? ❑ Yes ❑ No

Section G: Thymoma or Thymic Carcinoma

25. Will the requested medication be given in combination with gemcitabine? ❑ Yes ❑ No

Section H: Squamous Cell Skin Cancer

26. What is the clinical setting in which the requested medication will be used? *Indicate all that apply*.
    ❑ Regional disease ❑ Recurrent disease
    ❑ Distant Metastatic disease ❑ Locally advanced disease
    ❑ Other _____

27. Is the regional disease unresectable, inoperable, or incompletely resected? *Indicate all that apply*.
    ❑ Yes, unresectable disease
    ❑ Yes, inoperable disease
    ❑ Yes, incompletely resected disease

28. Is the patient ineligible for immune checkpoint inhibitors and clinical trials?
    If Yes, skip to #31 ❑ Yes ❑ No

29. Has the patient's disease progressed on immune checkpoint inhibitors and clinical trials? ❑ Yes ❑ No

30. Will the requested medication be given as a single agent? ❑ Yes ❑ No

Section I: Cervical Cancer, Vulvar Cancer

31. Will the requested medication be used as concurrent chemoradiation in combination with mitomycin?
    ❑ Yes ❑ No

32. Are cisplatin and carboplatin available? ❑ Yes ❑ No

33. Is cisplatin available? ❑ Yes ❑ No

Section J: Endometrial Carcinoma

34. Will the requested medication be used as primary treatment as concurrent chemoradiation in combination with mitomycin? ❑ Yes ❑ No

35. Are cisplatin and carboplatin available? ❑ Yes ❑ No

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that the documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable a state or federal regulatory agency.

_____

Prescriber (Or Authorized) Signature and Date