BlueCross BlueShield Federal Employee Program

KEYTRUDA
PRIOR APPROVAL REQUEST

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

Patient Information (required)			**Provider Information (required)**		
Date:			Provider Name:		
Patient Name:			Specialty:	NPI:	
Date of Birth:	Sex: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		
PHYSICIAN COMPLETES					

Keytruda (pembrolizumab)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety** for processing

1. Has the patient been on this medication continuously for the last **6 months** excluding samples? ***Please select answer below:***
   ❑**YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the questions on **PAGE 6**
   ❑**NO** – this is **INITIATION** of therapy, please answer the questions below:
2. Is this request for brand or generic? ❑Brand ❑Generic
3. Does the prescriber agree to discontinue treatment for any immune mediated adverse reaction (encephalitis, nephritis, rash, decreased renal function and endocrinopathies) or disease progression? ❑Yes ❑No
4. **FEMALE Patient**: Is the patient of reproductive potential? ❑Yes***** ❑No
   ****If YES***, will the patient be advised to use effective contraception during treatment with Keytruda and for 4 months after the last dose? ❑Yes ❑No
5. What is the patient's diagnosis?
   ❑Biliary tract cancer (BTC)
   a. Is the cancer locally advanced unresectable **OR** metastatic? ❑Yes ❑No
   b. Will this medication be used in combination with gemcitabine and cisplatin? ❑Yes ❑No
   ❑Bladder cancer
   a. Does the patient have a diagnosis of non-muscle invasive bladder cancer (NMIBC)? ❑Yes***** ❑No
   ****If YES***, is the cancer staged as carcinoma in situ? ❑Yes ❑No
   b. Was the cancer responsive to Bacillus Calmette-Guerin (BCG)? ❑Yes ❑No
   c. Is the patient considered high risk? ❑Yes ❑No
   d. Is the patient eligible to undergo cystectomy? ❑Yes***** ❑No
   ****If YES***, has the patient elected not to undergo cystectomy? ❑Yes ❑No
   ❑Breast cancer
   a. Does the patient have high-risk early-stage triple-negative breast cancer (TNBC)? ***Please select answer below:***
   ❑**Yes**: Will Keytruda be used in combination with chemotherapy as neoadjuvant treatment? ❑Yes ❑No*****
   ****If NO***, will Keytruda be used as a single agent after surgery as adjuvant treatment? ❑Yes ❑No
   ❑**No**: Please answer the following questions:
   i. Does the patient have locally recurrent unresectable or metastatic triple-negative breast cancer? ❑Yes ❑No
   ii. Will Keytruda be used in combination with chemotherapy? ❑Yes ❑No
   iii. Does the patient have a PD-L1 tumor expression determined by an FDA-approved test? ❑Yes***** ❑No
   ****If YES***, does the patient have a combined positive score (CPS) of greater than or equal to 10? ❑Yes ❑No
   ❑Cutaneous squamous cell carcinoma (cSCC)
   a. Is the patient's cancer considered recurrent, metastatic, or locally advanced? ❑Yes ❑No
   b. Is the patient's cancer curable by surgery or radiation? ❑Yes ❑No

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL DIAGNOSES

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PAGE 2 – PHYSICIAN COMPLETES

Patient Name: _____ DOB: _____ Patient ID: R _____

❑Esophageal or gastroesophageal junction carcinoma
- a. Is the cancer considered locally advanced or metastatic? ❑Yes ❑No
- b. Is the carcinoma amenable to surgical resection or definitive chemoradiation? ❑Yes ❑No
- c. Will Keytruda be used in combination with platinum- and fluoropyrimidine-based chemotherapy? ❑Yes* ❑No
  - ***If YES***, does the patient have a PD-L1 tumor expression? ❑Yes* ❑No
    - ***If YES***, does the patient have a combined positive score (CPS) greater than or equal to 1? ❑Yes ❑No
- d. Will Keytruda be used as a single agent after 1 or more prior lines of systemic therapy? ❑Yes* ❑No
  - ***If YES***, does the patient have tumors of squamous cell histology that express PD-L1 with combined positive score (CPS) greater than or equal to 10 as determined by an FDA-approved test? ❑Yes ❑No

❑Cervical cancer
- a. Is the cancer considered to be persistent, recurrent, or metastatic? ***Please select answer below:***
  - ❑**Yes**: Please answer the following questions:
    - i. **If Metastatic or Recurrent**: Please answer the following questions:
      - 1) Will Keytruda be used as a single agent? ❑Yes ❑No
      - 2) Has the patient had disease progression on or after chemotherapy? ❑Yes ❑No
    - ii. Will Keytruda be used in combination with chemotherapy? ❑Yes ❑No
    - iii. Does the patient have a PD-L1 tumor expression determined by an FDA-approved test? ❑Yes* ❑No
      - ***If YES***, does the patient have a combined positive score (CPS) greater than or equal to 1? ❑Yes ❑No
  - ❑**No**: Please the answer the following questions:
    - i. Does the patient have FIGO 2014 Stage III-IVA cervical cancer? ❑Yes ❑No
    - ii. Will Keytruda be used in combination with chemoradiotherapy? ❑Yes ❑No

❑Endometrial carcinoma
- a. Does the patient have advanced, primary advanced, or recurrent endometrial carcinoma? ***Please select answer below:***
  - ❑**Yes, advanced endometrial carcinoma**: Please answer the following questions:
    - i. Is the patient a candidate for curative surgery or radiation? ❑Yes ❑No
    - ii. Has the patient had disease progression following prior systemic therapy? ❑Yes ❑No
    - iii. Is the patient's tumor status mismatch repair deficient (dMMR) as determined by an FDA approved test? ❑Yes ❑No* ***If NO***, is the patient's tumor status microsatellite instability-high (MSI-H) as determined by an FDA approved test? ❑Yes ❑No
    - iv. **If dMMR or MSI-H:** Will Keytruda be used as a single agent? ❑Yes ❑No
    - v. **If NOT dMMR or MSI-H:** Is the patient's tumor status mismatch repair proficient (pMMR) as determined by an FDA-approved test? ❑Yes ❑No
    - vi. Will Keytruda be used in combination with Lenvima (lenvatinib)? ❑Yes ❑No
  - ❑**Yes, primary advanced or recurrent endometrial carcinoma**: Please answer the following question:
    - i. Will Keytruda be used in combination with carboplatin and paclitaxel, followed by Keytruda as a single agent? ❑Yes ❑No
  - ❑**No, the patient does not have advanced, primary advanced, or recurrent endometrial carcinoma.**

❑Gastric or gastroesophageal junction adenocarcinoma
- a. Is the cancer locally advanced unresectable **OR** metastatic? ❑Yes ❑No
- b. Will Keytruda be used as first-line treatment? ❑Yes ❑No
- c. Does the patient have a PD-L1 tumor expression determined by an FDA-approved test? ❑Yes* ❑No
  - ***If YES***, does the patient have a combined positive score (CPS) greater than or equal to 1? ❑Yes ❑No
- d. Is the cancer HER2-positive? ***Please select answer below:***
  - ❑**Yes**: Please answer the following question:
    - i. Will Keytruda be used in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy? ❑Yes ❑No
  - ❑**No**: Please answer the following question:
    - i. Will Keytruda be used in combination with fluoropyrimidine- and platinum-containing chemotherapy? ❑Yes ❑No

PLEASE PROCEED TO PAGE 3 FOR ADDITIONAL DIAGNOSES

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PAGE 3 - PHYSICIAN COMPLETES

Patient Name: _____ **DOB:** _____ **Patient ID: R** _____

❑Head and Neck Squamous Cell Carcinoma (HNSCC)
- a. Is the patient's cancer considered recurrent or metastatic? ❑Yes ❑No
- b. Has the patient experienced disease progression on or after platinum-containing chemotherapy? ❑Yes* ❑No
  - ***If YES***, will Keytruda be used as a single agent? ❑Yes ❑No
- c. Does the patient have a PD-L1 tumor expression determined by an FDA-approved test? ❑Yes* ❑No
  - ***If YES***, does the patient have a combined positive score (CPS) of greater than or equal to 1? ❑Yes ❑No
- d. Will Keytruda be used as a single agent for first-line treatment? ❑Yes ❑No
- e. Will Keytruda be used in combination with platinum and fluorouracil (FU) as a first-line treatment? ❑Yes ❑No

❑Hepatocellular carcinoma (HCC)
- a. Is the hepatocellular carcinoma (HCC) secondary to hepatitis B? ❑Yes ❑No
- b. Has the patient received prior systemic therapy other than a PD-1/PD-L1-containing regimen? ❑Yes ❑No

❑Hodgkin lymphoma
- a. Does the patient have refractory or relapsed classical Hodgkin lymphoma (cHL)? ❑Refractory ❑Relapsed ❑No
- b. **If Relapsed**: Has the patient relapsed after 2 or more lines of therapy? ❑Yes ❑No

❑Malignant pleural mesothelioma (MPM)
- a. Does the patient have unresectable advanced or metastatic malignant pleural mesothelioma (MPM)? ❑Yes ❑No
- b. Will this medication be used in combination with pemetrexed and platinum chemotherapy as first-line treatment? ❑Yes ❑No

❑Melanoma
- a. Does the patient have a diagnosis of unresectable or metastatic melanoma? ❑Yes ❑No*
  - ***If NO,*** please answer the following questions:
    - i. Does the patient have stage IIB, IIC, or III melanoma? ❑Yes ❑No
    - ii. Has the patient undergone a complete resection? ❑Yes ❑No
    - iii. Will Keytruda be used as adjuvant treatment? ❑Yes ❑No

❑Merkel cell carcinoma (MCC)
- a. Is the cancer considered locally advanced or metastatic? ❑Yes* ❑No
  - ***If YES***, is the cancer recurrent? ❑Yes ❑No

❑Microsatellite instability-high (MSI-H) colorectal cancer **OR** ❑Mismatch repair deficient (dMMR) colorectal cancer
- a. Is the patient's cancer considered unresectable or metastatic? ❑Yes ❑No
- b. Was the patient's tumor status determined by an FDA approved test? ❑Yes ❑No

❑Microsatellite instability-high (MSI-H) solid tumors **OR** ❑Mismatch repair deficient (dMMR) solid tumors
- a. Are the patient's tumors considered unresectable or metastatic? ❑Yes ❑No
- b. Was the patient's tumor status determined by an FDA approved test? ❑Yes ❑No
- c. Does the patient have a solid tumor that has progressed following prior treatment and who has no satisfactory alternative treatment options? ❑Yes ❑No

❑Primary mediastinal large B-cell lymphoma (PMBCL)
- a. Does the patient have a diagnosis of refractory primary mediastinal large B-cell lymphoma (PMBCL)? ❑Yes ❑No
- b. Has the patient relapsed after 2 or more prior lines of therapy? ❑Yes ❑No

❑Renal cell carcinoma (RCC)
- a. Does the patient have a diagnosis of advanced renal cell carcinoma (RCC)? ❑Yes ❑No
- b. Will Keytruda be used as first-line treatment or adjuvant treatment? ***Please select answer below:***
  - ❑**Adjuvant treatment**: Is the patient at an intermediate-high or high risk of recurrence following a nephrectomy? ❑Yes ❑No
    - ***If NO***, is Keytruda being used as adjuvant treatment following a nephrectomy and resection of metastatic lesions? ❑Yes ❑No
  - ❑**First-line treatment**: Please answer the following questions:
    - i. Does the prescriber agree to monitor for hepatotoxicity? ❑Yes ❑No
    - ii. Will Keytruda be used in combination with Inlyta (axitinib) or Lenvima (lenvatinib)? ❑Yes ❑No

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PAGE 4 - PHYSICIAN COMPLETES

Patient Name: _____ DOB: _____ Patient ID: R _____

❑Tumor mutational burden-high (TMB-H) solid tumors
- a. Are the patient's tumors considered unresectable or metastatic? ❑Yes ❑No
- b. Is the patient a pediatric patient with TMB-H central nervous system cancer? ❑Yes ❑No
- c. Does the patient have more than or equal to 10 mutations/megabase (mut/Mb) solid tumors, as determined by an FDA-approved test? ❑Yes ❑No
- d. Has the patient had disease progression following prior treatment? ❑Yes ❑No
- e. Does the patient have satisfactory alternative treatment options? ❑Yes ❑No

❑Urothelial carcinoma
- a. Does the patient have a diagnosis of locally advanced or metastatic urothelial carcinoma? ❑Yes ❑No
- b. Will Keytruda be used in combination with Padcev (enfortumab vedotin)? ❑Yes ❑No
- c. Is the patient eligible for any platinum-containing chemotherapy? ❑Yes ❑No
- d. Has the patient had disease progression during or following platinum-containing chemotherapy or within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy? ❑Yes ❑No
- e. Will Keytruda be used to used in as a single agent? ❑Yes ❑No

❑Non-small cell lung cancer (NSCLC)
- a. Does the patient have metastatic non-small cell lung cancer? ***Please select answer below:***
  - ❑**Yes**: Is the non-small cell lung cancer considered either squamous or nonsquamous? ***Please select answer below:***
    - ❑**Yes**: Please select answer below:
      - ❑**Nonsquamous**: Please answer the following questions:
        - i. Will Keytruda be used in combination with pemetrexed (Alimta) and platinum chemotherapy as a first line treatment? ❑Yes ❑No
        - ii. Is the patient negative for EGFR or ALK tumor expression? ❑Yes ❑No
      - ❑**Squamous**: Will Keytruda be used in combination with carboplatin and either paclitaxel or nab-paclitaxel as a first line treatment? ❑Yes ❑No
    - ❑**No**: Please answer the following questions:
      - i. Will Keytruda be used as a single agent? ❑Yes ❑No
      - ii. What is the patient's Tumor Proportion Score (TPS) as determined by an FDA-approved PD-L1 tumor expression test? _____ % ❑Patient has not been tested
      - iii. Has the patient had lab tests to determine if there is EGFR and/or ALK tumor expression? ❑Yes***** ❑No
        ****If YES***, what were the results of the test? ***Please select answer below:***
        - ❑**Negative**: Did the patient have disease progression on or after a platinum-containing chemotherapy? ❑Yes ❑No*****
          ****If NO***, will Keytruda be used as first line treatment? ❑Yes ❑No
        - ❑**Positive**: Has the patient had disease progression after a targeted FDA-approved therapy? ❑Yes ❑No
  - ❑**No**: Does the patient have resectable (tumors greater than or equal to 4cm or node positive) NSCLC? ***Select answer below:***
    - ❑**Yes**: Please answer the following questions:
      - i. Will Keytruda be used as neoadjuvant treatment? ❑Yes ❑No
      - ii. Will Keytruda be used in combination with platinum-containing chemotherapy? ❑Yes ❑No
      - iii. Will Keytruda be used in a single agent after resection? ❑Yes ❑No
    - ❑**No**: Which stage of non-small cell lung cancer does the patient have? ***Please select answer below:***
      - ❑**Stage IA**
      - ❑**Stage IB (T2a greater than or equal to 4cm)** **OR** ❑**Stage IIA or IIB**
        - i. Will Keytruda be used as a single agent? ❑Yes ❑No
        - ii. Will Keytruda be used as adjuvant treatment following resection and platinum-based chemotherapy? ❑Yes ❑No

PLEASE PROCEED TO PAGE 5 FOR ADDITIONAL NSCLC STAGES AND DIAGNOSES

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PAGE 5 - PHYSICIAN COMPLETES

Patient Name: _____ **DOB:** _____ **Patient ID: R** _____

❑**Stage IIIA**: Is Keytruda being used as first-line treatment or adjuvant treatment? ***Please select answer below:***

❑**Adjuvant treatment:** Will Keytruda be used as a single agent? ❑Yes***** ❑No

****If YES***, will Keytruda be used as adjuvant treatment following resection and platinum-based chemotherapy? ❑Yes ❑No

❑**First-line treatment:** Please answer the following questions:

i. Is the patient a candidate for surgical resection or definitive chemoradiation? ❑Yes ❑No

ii. What is the patient's Tumor Proportion Score (TPS) as determined by an FDA-approved PD-L1 tumor expression test? _____ % ❑Patient has not been tested

iii. Is the patient negative for EGFR or ALK tumor aberrations? ❑Yes ❑No

iv. Will Keytruda be used as a single agent for first line treatment? ❑Yes ❑No

❑**No** ***(please specify)***: _____

❑**Stage IIIB or IIIC:** Please answer the following questions:

i. Is the patient a candidate for surgical resection or definitive chemoradiation? ❑Yes ❑No

ii. What is the patient's Tumor Proportion Score (TPS) as determined by an FDA-approved PD-L1 tumor expression test? _____ % ❑Patient has not been tested

iii. Is the patient negative for EGFR or ALK tumor aberrations? ❑Yes ❑No

iv. Will Keytruda be used as a single agent for first line treatment? ❑Yes ❑No

❑**Stage IV**: Is the non-small cell lung cancer considered either squamous or nonsquamous? ***Select answer below:***

❑**Nonsquamous**: Please answer the following questions:

i. Will Keytruda be used in combination with pemetrexed (Alimta) and platinum chemotherapy as a first line treatment? ❑Yes ❑No

ii. Is the patient negative for EGFR or ALK tumor expression? ❑Yes ❑No

❑**Squamous**: Will Keytruda be used in combination with carboplatin and either paclitaxel or nab-paclitaxel as a first line treatment? ❑Yes ❑No

❑**No**: Please answer the following questions:

i. Will Keytruda be used as a single agent? ❑Yes ❑No

ii. What is the patient's Tumor Proportion Score (TPS) as determined by an FDA-approved PD-L1 tumor expression test? _____ % ❑Patient has not been tested

iii. Has the patient had lab tests to determine if there is EGFR and/or ALK tumor expression? ❑Yes ❑No

****If YES***, what were the results of the test? ***Please select answer below:***

❑**Negative**: Did the patient have disease progression on or after a platinum-containing chemotherapy? ❑Yes ❑No*****

****If NO***, will Keytruda be used as first line treatment? ❑Yes ❑No

❑**Positive**: Has the patient had disease progression after a targeted FDA-approved therapy? ❑Yes ❑No

❑Other diagnosis ***(please specify):*** _____

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Patient Information (required)			**Provider Information (required)**		
Date:			Provider Name:		
Patient Name:			Specialty:	NPI:	
Date of Birth:	Sex: ❑Male ❑Female		Office Phone:	Office Fax:	
Street Address:			Office Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Patient ID: **R**			Physician Signature:		

PHYSICIAN COMPLETES

CONTINUATION OF THERAPY (PA RENEWAL)

Keytruda (pembrolizumab)

****Check www.fepblue.org/formulary to confirm which medication is part of the patient's benefit**

NOTE: Form must be completed in its **entirety** for processing

1. Has the patient been on this medication continuously for the last **6 months** excluding samples? ***Please select answer below:***
   ❑**NO** – this is **INITIATION** of therapy, please answer the questions on **PAGE 1**
   ❑**YES** – this is a PA renewal for **CONTINUATION** of therapy, please answer the questions below:
2. Is this request for brand or generic? ❑Brand ❑Generic
3. Does the prescriber agree to discontinue treatment for any immune mediated adverse reaction (encephalitis, nephritis, rash, decreased renal function and endocrinopathies) or disease progression? ❑Yes ❑No
4. **FEMALE Patient**: Is the patient of reproductive potential? ❑Yes* ❑No
   ****If YES***, will the patient be advised to use effective contraception during treatment with Keytruda and for 4 months after the last dose? ❑Yes ❑No
5. What is the patient's diagnosis?
   ❑Biliary tract cancer (BTC)
      a. Is the cancer locally advanced unresectable **OR** metastatic? ❑Yes ❑No
      b. Will this medication be used in combination with gemcitabine and cisplatin? ❑Yes ❑No
   ❑Bladder cancer
      a. Does the patient have a diagnosis of non-muscle invasive bladder cancer (NMIBC)? ❑Yes* ❑No
         ****If YES***, is the cancer staged as carcinoma in situ? ❑Yes ❑No
   ❑Breast cancer
      a. Does the patient have high-risk early-stage triple-negative breast cancer (TNBC)? ***Please select answer below:***
         ❑**Yes**: Will Keytruda be used as a single agent as adjuvant treatment? ❑Yes ❑No
         ❑**No**: Does the patient have locally recurrent unresectable or metastatic triple-negative breast cancer? ❑Yes* ❑No
            ****If YES***, will Keytruda be used in combination with chemotherapy? ❑Yes ❑No
   ❑Cervical cancer
      a. Is the cancer considered to be persistent, recurrent, or metastatic? ❑Metastatic ❑Persistent ❑Recurrent ❑No*
         ****If NO,*** does the patient have FIGO 2014 Stage III-IVA cervical cancer? ❑Yes ❑No
   ❑Cutaneous squamous cell carcinoma (cSCC)
      a. Is the patient's cancer considered recurrent, metastatic, or locally advanced? ❑Yes ❑No
   ❑Endometrial carcinoma
      a. Does the patient have advanced, primary advanced, or recurrent endometrial carcinoma? ***Please select answer below:***
         ❑**Yes, advanced endometrial carcinoma**: Please answer the following questions:
            i. Will Keytruda be used as a single agent? ❑Yes ❑No*
               ****If NO***, will Keytruda be used in combination with Lenvima (lenvatinib)? ❑Yes ❑No
         ❑**Yes, primary advanced or recurrent endometrial carcinoma**: Please answer the following question:
            i. Will Keytruda be used as a single agent? ❑Yes ❑No
         ❑**No, the patient does not have advanced, primary advanced, or recurrent endometrial carcinoma.**

PLEASE PROCEED TO PAGE 7 FOR ADDITIONAL DIAGNOSES

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PAGE 7 – PHYSICIAN COMPLETES

Patient Name: _____ DOB: _____ Patient ID: R _____

❑Esophageal or gastroesophageal junction carcinoma
a. Is the cancer considered locally advanced or metastatic? ❑Yes ❑No

❑Hepatocellular carcinoma (HCC)

❑Head and neck squamous cell carcinoma (HNSCC)
a. Is the patient's cancer considered recurrent or metastatic? ❑Yes ❑No

❑Hodgkin lymphoma
a. Does the patient have refractory or relapsed classical Hodgkin lymphoma (cHL)? ❑Refractory ❑Relapsed ❑No

❑Gastric or gastroesophageal junction adenocarcinoma
a. Is the cancer HER2-positive? ***Please select answer below:***
❑**Yes**: Please answer the following questions:
i. Is the cancer locally advanced unresectable **OR** metastatic? ❑Yes ❑No
ii. Will Keytruda be used in combination with trastuzumab, fluoropyrimidine- and platinum-containing chemotherapy? ❑Yes ❑No

❑**No**: Please answer the following questions:
i. Is the cancer locally advanced unresectable **OR** metastatic? ❑Yes ❑No
ii. Will Keytruda be used in combination with fluoropyrimidine- and platinum-containing chemotherapy? ❑Yes ❑No

❑Malignant pleural mesothelioma (MPM)
a. Does the patient have unresectable advanced or metastatic malignant pleural mesothelioma (MPM)? ❑Yes ❑No

❑Melanoma
a. Does the patient have a diagnosis of unresectable or metastatic melanoma? ❑Yes ❑No*****
****If NO,*** please answer the following questions:
i. Does the patient have stage IIB, IIC, or III melanoma? ❑Yes ❑No
ii. Has the patient undergone a complete resection? ❑Yes ❑No

❑Merkel cell carcinoma (MCC)
a. Is the cancer considered locally advanced or metastatic? ❑Yes***** ❑No
****If YES***, is the cancer recurrent? ❑Yes ❑No

❑Microsatellite instability-high (MSI-H) colorectal cancer **OR** ❑Mismatch repair deficient (dMMR) colorectal cancer
a. Is the patient's cancer considered unresectable or metastatic? ❑Yes ❑No

❑Microsatellite instability-high (MSI-H) solid tumors **OR** ❑Mismatch repair deficient (dMMR) solid tumors
a. Are the patient's tumors considered unresectable or metastatic? ❑Yes ❑No

❑Non-small cell lung cancer (NSCLC)
a. Does the patient have metastatic non-small cell lung cancer? ***Please select answer below:***
❑**Yes**: Is the NSCLC considered either squamous or nonsquamous? ❑Nonsquamous ❑Squamous ❑No

❑**No**: Does the patient have resectable (tumors greater than or equal to 4cm or node positive) NSCLC? ❑Yes ❑No*****
****If NO***, which stage of NSCLC does the patient have? ***Please select answer below:***
❑**Stage IA** ❑**Stage IB (T2a greater than or equal to 4cm)** ❑**Stage IIA or IIB** ❑**Stage IIIA**
❑**Stage IIIB or IIIC**
❑**Stage IV**: Is the NSCLC considered either squamous or nonsquamous? ❑Nonsquamous ❑Squamous ❑No

❑Primary mediastinal large B-cell lymphoma (PMBCL)
a. Does the patient have a diagnosis of refractory primary mediastinal large B-cell lymphoma? ❑Yes ❑No

PLEASE PROCEED TO PAGE 8 FOR ADDITIONAL DIAGNOSES

BlueCross BlueShield Federal Employee Program

KEYTRUDA
PRIOR APPROVAL REQUEST

Additional information is required to process your claim for prescription drugs. Please complete the patient portion, and have the prescribing physician complete the physician portion and submit this completed form.

Send completed form to:
Service Benefit Plan
Prior Approval
P.O. Box 52080 MC 139
Phoenix, AZ 85072-2080
Attn. Clinical Services
Fax: 1-877-378-4727

PAGE 8 – PHYSICIAN COMPLETES

Patient Name: _____ DOB: _____ Patient ID: R _____

❑Renal cell carcinoma (RCC)

a. Does the patient have a diagnosis of advanced renal cell carcinoma? ❑Yes ❑No

b. Will Keytruda be used as first-line treatment or adjuvant treatment? ❑Adjuvant treatment ❑First-line treatment

c. **If First-Line Treatment**: Please answer the following questions:

i. Does the prescriber agree to monitor for hepatotoxicity? ❑Yes ❑No

ii. Will Keytruda be used in combination with Inlyta (axitinib) or Lenvima (lenvatinib)? ❑Yes ❑No

❑Tumor mutational burden-high (TMB-H) solid tumors

a. Are the patient's tumors considered unresectable or metastatic? ❑Yes ❑No

b. Is the patient a pediatric patient with TMB-H central nervous system cancer? ❑Yes ❑No

❑Urothelial carcinoma

a. Does the patient have a diagnosis of locally advanced or metastatic urothelial carcinoma? ❑Yes ❑No

b. Will Keytruda be used in combination with Padcev (enfortumab vedotin)? ❑Yes ❑No*

If NO, will Keytruda be used as a single agent? ❑Yes ❑No

❑Other diagnosis ***(please specify):*** _____