

☐ Esophageal cancer

Federal Employee Program.

OPDIVO QVANTIG PRIOR APPROVAL REQUEST

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

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.

Patient Information (required)			Provider Information (required)				
Date:				Provider Name:			
Patient Name:			Specialty:	NPI:	NPI:		
Date of Birth:	Date of Birth: Sex: ☐Male ☐Female		e G Female	Office Phone:	Offic	Office Fax:	
Street Address:			Office Street Address:				
City:	City: State:		Zip:	City:	State:	Zip:	
Patient ID: R	ratient ID:			Physician Signature:			
				COMPLETES			
☐ CONTINUA? ☐ INITIATION 2. Is this request for	INITIATIO	NOTE: Form N or CONTING py (PA renewal lease answer the eric? Brand	n must be completed that I was a like to the completed that I was a like to the complete that I was a like to the complete that I was a like that I was a li	n which medication is part of ted in its entirety for property of the property of the property of the questions on PAGE	below:	t	
cancer? □ b. Has the dia c. Has the dis d. Will this m □ Esophageal ad	cer atient have mi Yes □No gnosis been c ease progresse edication be t enocarcinoma	crosatellite insta onfirmed by PC ed after treatments as a single	CR-based assay gent with fluoropyriagent? □Yes	-H) or mismatch repair of the enetic testing? □Yes imidine, oxaliplatin, and □No adenocarcinoma? □Yes	□No irinotecan? □Yo	,	
b. Does the patient have tumors with PD-L1 expression as determined by an FDA-approved test? \(\sigma\)Yes \(\sigma\)No							

☐ Metastatic ☐ Recurrent ☐ Unresectable advanced

b. If Metastatic or Unresectable Advanced, please answer the following questions:

a. Has the patient's esophageal cancer been completely resected? \(\sigma\)Yes \(\sigma\)No

d. Has the patient received neoadjuvant chemoradiotherapy (CRT)? \(\sigma\)Yes \(\sigma\)No

b. Does the patient have residual pathologic disease? □Yes □Noc. Will this medication be used as a single agent? □Yes □No

metastatic? \(\text{Yes*} \) (*If YES, please answer below) \(\text{No} \)

☐ Esophageal squamous cell carcinoma (ESCC)

i. Does the patient have tumors with PD-L1 expression as determined by an FDA-approved test? \(\sigma \text{Yes}\)

2 Sees the parietic have tained with 12 21 expression as determined by an 1211 approved test. 21cs

ii. Will this medication be used in combination with fluoropyrimidine- and platinum-containing chemotherapy? □Yes □No

iii. Will this medication be used as first-line treatment? □Yes □No

c. Has the patient previously been treated with fluoropyrimidine- and platinum-based chemotherapy? □Yes □No

a. Is the patient's esophageal squamous cell carcinoma one of the following: unresectable advanced, recurrent, or

d. Will this medication be used as a single agent? □Yes □No

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL DIAGNOSES

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PACE 2 - PHYSICIAN COMPLETES

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Patient Name:	DOB:		
☐ Gastric cancer			
	dvanced or metastatic gastric cance	er? □Yes □No	
b. Does the patient have tu	umors with PD-L1 expression as de	etermined by an FDA-approved test? □Yes □No	
c. Will this medication be	used in combination with fluoropy	yrimidine- and platinum-containing chemotherapy?	s \square No
☐ Gastroesophageal junction	cancer		
1 0	1 0 0	ompletely resected? Please select answer below:	
☐ Yes : Please answer th			
<u> </u>	ent have residual pathologic disease		
	dication be used as a single agent?		
III. Has the patie ■No: Please answer the	ent received neoadjuvant chemorad	notherapy (CR1)? Tes Tho	
	<u> </u>	astroesophageal junction cancer? □Yes □No	
<u> -</u>	_	ession as determined by an FDA-approved test? \(\sigma\)Yes	□No
iii. Will this med	_	rith fluoropyrimidine- and platinum-containing	
☐ Head and neck carcinoma			
	-	ell carcinoma of the head and neck? □Yes □No	
		r after platinum-based chemotherapy? □Yes □No	
c. Will this medication be Hepatocellular carcinoma	e used as a single agent? \(\sigma\)Yes \(\sigma\)	INO	
1	or treatment with sorafenib (Nexava	ar)? DYes DNo	
	e used following treatment with intr	ravenous nivolumab (Opdivo) in combination with	
	e used as a single agent? Yes	ĴNo	
■Melanoma			
a. Is the patient's melanon	ma post resection? Please select an	iswer below:	
☐Yes: Please answer th	he following questions:		
i. Is this medicat	ntion being used as adjuvant treatme	ent of melanoma post resection? □Yes □No	
ii. Which stage of	of melanoma does the patient have	e? Please select answer below:	
•		IIB □Stage IIC □Stage III □Stage IV	
	edication be used as a single agent?	□Yes □No	
□No: Please answer the	U 1		
•	nt have unresectable or metastatic r		
	ication be used as a single agent?	lyes UNo	
☐ Renal cell carcinoma			
b. Will this medication be	diagnosis of advanced renal cell ca e used as first-line treatment in com or treatment with anti-angiogenic th	nbination with cabozantinib (Cabometyx)? □Yes □No)
	d to have an intermediate or poor p	= :	
-	edication be used as first-line treatm	nent following intravenous nivolumab (Opdivo) in combin	nation
e. Will this medication be	used as a single agent? Yes	□No	

PLEASE PROCEED TO PAGE 3 FOR ADDITIONAL DIAGNOSES

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	PAGE 3 - PHYSICIAL	N COMPLETES	
Patient Name:	DOB:	Patient II	D: R
☐ Non-small cell lung cancer (NSCLC)			
a. Does the patient have resectable or		Il lung cancer? □Yes'	* □No
*If YES, please select answer be			2.74
☐ Metastatic: Does the patient l	nave an EGFR or ALK go swer the following question		on? Please select answer below:
	• •		n FDA approved therapy? □Yes □No
	is medication be used as		**
□ No: Please ansv	wer the following questio	ns:	
i. Did the	patient experience diseas nerapy? □Yes □No		n or after platinum-based
ii. Will th	is medication be used as	a single agent? □Yes	□No
□ Resectable: Please answer the	e following questions:		
i. Is the patient's t	tumors greater than or eq	ual to 4 centimeters O	R node positive? □Yes □No
ii. Will this medic setting? □Yes		ation with platinum-do	ublet chemotherapy in the neoadjuvant
☐Urothelial carcinoma (cancer)			
a. Is the patient at high risk of recur			
*If YES, will this medication b	·		
**If YES, will this medicati	on be used as a single ag	ent? □Yes □No	
b. Is the patient's urothelial carcino **If YES, please select one of the	_		ic, or locally advanced? □Yes* □No tic □Unresectable
c. If Locally Advanced or Metasta chemotherapy? Please select ans		rience disease progress	sion while on or after platinum-based
☐Yes: Will this medication be	used as a single agent?	lYes □No	
containing chemother	sease progression within	·	vant or adjuvant treatment with platinum-
d. If Metastatic or Unresectable : V gemcitabine? □Yes □No	Will this medication be us	sed as first-line treatme	ent in combination with cisplatin and
☐ Other (please specify):			

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he	Fax: 1-877-378-4727	
o ti o		
auu	n (required)	
I:		

P	atient Inform	ation (required)		Provider 1	Information (r	required)	
Date:				Provider Name:			
Patient Name:	Patient Name:			Specialty:	NPI:	NPI:	
Date of Birth:	Date of Birth: Sex: Male Female			Office Phone:	Office Fax:	Office Fax:	
Street Address:				Office Street Address:			
City:		State:	Zip:	City:	State:	Zip:	
Patient ID:				Physician Signature:			
- IX	<u> </u>	P	HYSICIAN C	COMPLETES			
	CON	NTINUATIO	N OF TH	ERAPY (PA RENE	WAL)		
	001			nab and hyaluronidase-nvhy	•		
			ijection, for sub		,,		
	**Check	www.fepblue.org/forn	nulary to confirm v	which medication is part of the pati			
		NOTE: Form m	ust be completed	d in its entirety for processing	<u>g</u>		
1. Is this request	for INITIATION	or CONTINUAT	FION of therapy	y? Please select answer below	v:		
☐ INITIATION of therapy, please answer the questions on <u>PAG</u>				<u>E 1</u>			
	ATION of therapy	y (PA renewal), p	lease answer the	e questions below:			
2. Is this request	for brand or gene	eric? Brand	Generic				
3. Has the patien	nt had disease prog	gression or unacce	ptable toxicity v	while on the requested therapy	? □Yes □No		
				e mediated adverse reaction (ssion? □Yes □No	encephalitis, neph	nritis, rash,	
5. What is the pa	ntient's diagnosis?	•					
	ular carcinoma is medication be	used as a single ag	gent? □Yes □	⊒No			
☐ Colorectal							
cancer'	? ☐Yes ☐No			H) or mismatch repair deficie	ent (dMMR) meta	static colorectal	
b. Will th	is medication be	used as a single ag	gent? □Yes □	□No			
a. Does the	•	lvanced or metasta	1 0	denocarcinoma? □Yes □			
		used in combination	on with fluoropy	rimidine- and platinum-conta	ining chemothera	ıpy? ∐Yes ∐No	
☐ Esophageal a. Has the		eal cancer been co	ompletely resect	ed? □Yes □No			
	•	idual pathologic di					
		sed as a single age	ent? 🗆 Yes 🗆	No			
a. Is the pa				the following: unresectable a	dvanced, recurren	it, or	
	Metastatic □R	lecurrent U Uni	resectable advan	ced			
		ctable Advanced: notherapy? □Yes		ation be used in combination	with fluoropyrimi	idine- and	
* I f N	*If NO , will this medication be used as a single agent? \square Yes \square No						

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c. Has the patient had prior treatment with fluoropyrimidine- and platinum-based chemotherapy? □Yes* □No

d. Will this medication be used as a single agent? □Yes □No

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PAGE 5 - PHYSICIAN COMPLETES
Patient Name: DOB: Patient ID: R
☐ Gastric cancer
a. Does the patient have advanced or metastatic gastric cancer? ☐Yes ☐No
b. Will this medication be used in combination with fluoropyrimidine- and platinum-containing chemotherapy? □Yes □No
☐ Gastroesophageal junction cancer
a. Has the patient's gastroesophageal junction cancer been completely resected? <i>Please select answer below:</i>
□Yes: Please answer the following questions: i. Does the patient have residual pathologic disease? □Yes □No
ii. Will this medication be used as a single agent? □Yes □No
□ No : Please answer the following questions:
i. Does the patient have advanced or metastatic gastroesophageal junction cancer? □Yes □No
ii. Will this medication be used in combination with fluoropyrimidine- and platinum-containing chemotherapy? □Yes □No
☐ Head and neck carcinoma
a. Does the patient have recurrent or metastatic squamous cell carcinoma of the head and neck? ☐Yes ☐No
b. Will this medication be used as a single agent? □Yes □No
□Melanoma
a. Is the patient's melanoma post resection? Please select answer below:
☐Yes: Please answer the following questions:
i. Is this medication being used as adjuvant treatment of melanoma post resection? □Yes □No
ii. Which stage of melanoma does the patient have? Please select answer below:
□Stage 0 □Stage II □Stage IIB □Stage IIC □Stage III □Stage IV
iii. Will this medication be used as a single agent? □Yes □No
□No: Please answer the following questions:
i. Does the patient have unresectable or metastatic melanoma? □Yes □No
ii. Will this medication be used as a single agent? □Yes □No
□ Non-small cell lung cancer (NSCLC)
a. Does the patient have resectable or metastatic non-small cell lung cancer? □Yes* □No
*If YES, please select answer below:
☐ Resectable: Please answer the following questions:
i. Does the patient have EGFR mutations or ALK rearrangements? □Yes □No
ii. Will this medication be used as a single agent after surgery as adjuvant treatment? □Yes □No
□ Metastatic: Will this medication be used as a single agent? □ Yes □ No
□Renal cell carcinoma
a. Does the patient have a diagnosis of advanced renal cell carcinoma? ☐Yes ☐No
b. Will this medication be used in combination with cabozantinib (Cabometyx)? □Yes □No
☐ Urothelial carcinoma
a. Is the patient at high risk of recurrence after undergoing radical resection? □Yes* □No
*If YES, will this medication be used as adjuvant treatment? □Yes** □No
**If YES, will this medication be used as a single agent? \(\superscript{Yes}\) \(\superscript{No}\)
b. Does the patient have unresectable or metastatic urothelial carcinoma? □Yes* □No
*If YES, will this medication be used as first-line treatment in combination with cisplatin and gemcitabine? \(\sigma\)Yes \(\sigma\)No
□Other (please specify):

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