BlueCross BlueShield Federal Employee Program

OPDIVO QVANTIG
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					

Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)
injection, for subcutaneous use

****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. Is this request for **INITIATION** or **CONTINUATION** of therapy? ***Please select answer below:***
   ❑ **CONTINUATION** of therapy **(PA renewal)**, please answer the questions on **PAGE 4**
   ❑ **INITIATION** of therapy, please answer the questions below:
2. Is this request for brand or generic? ❑Brand ❑Generic
3. What is the patient's diagnosis?

❑Colorectal cancer
- a. Does the patient have microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer? ❑Yes ❑No
- b. Has the diagnosis been confirmed by PCR-based assay genetic testing? ❑Yes ❑No
- c. Has the disease progressed after treatment with fluoropyrimidine, oxaliplatin, and irinotecan? ❑Yes ❑No
- d. Will this medication be used as a single agent? ❑Yes ❑No

❑Esophageal adenocarcinoma
- a. Does the patient have advanced or metastatic esophageal adenocarcinoma? ❑Yes ❑No
- b. Does the patient have tumors with PD-L1 expression as determined by an FDA-approved test? ❑Yes ❑No
- c. Will this medication be used in combination with fluoropyrimidine- and platinum-containing chemotherapy? ❑Yes ❑No

❑Esophageal cancer
- a. Has the patient's esophageal cancer been completely resected? ❑Yes ❑No
- b. Does the patient have residual pathologic disease? ❑Yes ❑No
- c. Will this medication be used as a single agent? ❑Yes ❑No
- d. Has the patient received neoadjuvant chemoradiotherapy (CRT)? ❑Yes ❑No

❑Esophageal squamous cell carcinoma (ESCC)
- a. Is the patient's esophageal squamous cell carcinoma one of the following: unresectable advanced, recurrent, or metastatic? ❑Yes***** ***(*If YES, please answer below)*** ❑No
  ❑Metastatic ❑Recurrent ❑Unresectable advanced
- b. **If Metastatic or Unresectable Advanced**, please answer the following questions:
  - i. Does the patient have tumors with PD-L1 expression as determined by an FDA-approved test? ❑Yes ❑No
  - 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
- d. Will this medication be used as a single agent? ❑Yes ❑No

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL DIAGNOSES

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PAGE 2 - PHYSICIAN COMPLETES

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

❑ Gastric cancer
- a. Does the patient have advanced or metastatic gastric cancer? ❑Yes ❑No
- b. Does the patient have tumors with PD-L1 expression as determined by an FDA-approved test? ❑Yes ❑No
- c. 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? ***Please select answer below:***
  - ❑**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
    - iii. Has the patient received neoadjuvant chemoradiotherapy (CRT)? ❑Yes ❑No
  - ❑**No**: Please answer the following questions:
    - i. Does the patient have advanced or metastatic gastroesophageal junction cancer? ❑Yes ❑No
    - ii. Does the patient have tumors with PD-L1 expression as determined by an FDA-approved test? ❑Yes ❑No
    - iii. 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. Did the patient experience disease progression while on or after platinum-based chemotherapy? ❑Yes ❑No
- c. Will this medication be used as a single agent? ❑Yes ❑No

❑ Hepatocellular carcinoma
- a. Has the patient had prior treatment with sorafenib (Nexavar)? ❑Yes ❑No
- b. Will this medication be used following treatment with intravenous nivolumab (Opdivo) in combination with ipilimumab (Yervoy)? ❑Yes ❑No
- c. 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 I ❑Stage IIA ❑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

❑ Renal cell carcinoma
- a. Does the patient have a diagnosis of advanced renal cell carcinoma? ❑Yes ❑No
- b. Will this medication be used as first-line treatment in combination with cabozantinib (Cabometyx)? ❑Yes ❑No
- c. Has the patient had prior treatment with anti-angiogenic therapy? ❑Yes* ❑No
- d. Is the patient considered to have an intermediate or poor prognosis? ❑Yes* ❑No
  ***If YES**, will this medication be used as first-line treatment following intravenous nivolumab (Opdivo) in combination with ipilimumab (Yervoy)? ❑Yes ❑No
- 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 - PHYSICIAN COMPLETES

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

❑ 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:

❑**Metastatic:** Does the patient have an EGFR or ALK genomic tumor aberration? ***Please select answer below:***

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

i. Did the patient experience disease progression while on FDA approved therapy? ❑Yes ❑No

ii. Will this medication be used as a single agent? ❑Yes ❑No

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

i. Did the patient experience disease progression while on or after platinum-based chemotherapy? ❑Yes ❑No

ii. Will this medication be used as a single agent? ❑Yes ❑No

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

i. Is the patient's tumors greater than or equal to 4 centimeters **OR** node positive? ❑Yes ❑No

ii. Will this medication be used in combination with platinum-doublet chemotherapy in the neoadjuvant setting? ❑Yes ❑No

❑Urothelial carcinoma (cancer)

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? ❑Yes ❑No

b. Is the patient's urothelial carcinoma one of the following: unresectable, metastatic, or locally advanced? ❑Yes* ❑No

If YES, please select one of the following: ❑Locally advanced ❑Metastatic ❑Unresectable

c. **If Locally Advanced or Metastatic**: Did the patient experience disease progression while on or after platinum-based chemotherapy? ***Please select answer below:***

❑**Yes:** Will this medication be used as a single agent? ❑Yes ❑No

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

i. Has the patient had disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy? ❑Yes ❑No

ii. Will this medication be used as a single agent? ❑Yes ❑No

d. **If Metastatic or Unresectable**: Will this medication be used as first-line treatment in combination with cisplatin and gemcitabine? ❑Yes ❑No

❑ Other ***(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)

Opdivo Qvantig (nivolumab and hyaluronidase-nvhy)

injection, for subcutaneous use

****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. Is this request for **INITIATION** or **CONTINUATION** of therapy? ***Please select answer below:***
   ❑ **INITIATION** of therapy, please answer the questions on **PAGE 1**
   ❑ **CONTINUATION** of therapy **(PA renewal)**, please answer the questions below:
2. Is this request for brand or generic? ❑Brand ❑Generic
3. Has the patient had disease progression or unacceptable toxicity while on the requested therapy? ❑Yes ❑No
4. 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
5. What is the patient's diagnosis?
   ❑ Hepatocellular carcinoma
      a. Will this medication be used as a single agent? ❑Yes ❑No
   ❑ Colorectal cancer
      a. Does the patient have microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer? ❑Yes ❑No
      b. Will this medication be used as a single agent? ❑Yes ❑No
   ❑ Esophageal adenocarcinoma
      a. Does the patient have advanced or metastatic esophageal adenocarcinoma? ❑Yes ❑No
      b. Will this medication be used in combination with fluoropyrimidine- and platinum-containing chemotherapy? ❑Yes ❑No
   ❑ Esophageal cancer
      a. Has the patient's esophageal cancer been completely resected? ❑Yes ❑No
      b. Does the patient have residual pathologic disease? ❑Yes ❑No
      c. Will this medication be used as a single agent? ❑Yes ❑No
   ❑ Esophageal squamous cell carcinoma (ESCC)
      a. Is the patient's esophageal squamous cell carcinoma one of the following: unresectable advanced, recurrent, or metastatic? ❑Yes* ***(*If YES, please select answer below)*** ❑No
         ❑Metastatic ❑Recurrent ❑Unresectable advanced
      b. **If Metastatic or Unresectable Advanced**: Will this medication be used in combination with fluoropyrimidine- and platinum-containing chemotherapy? ❑Yes ❑No*
         ***If NO**, will this medication be used as a single agent? ❑Yes ❑No
      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

PLEASE PROCEED TO PAGE 5 FOR ADDITIONAL DIAGNOSES

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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? ***Please select answer below:***
  - ❑**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 I ❑Stage IIA ❑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? ❑Yes ❑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? ❑Yes ❑No

❑ Other ***(please specify)***: _____