



Federal Employee Program. **YERVOY** **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: <input type="checkbox"/> Male <input type="checkbox"/> Female		Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:		State:	Zip:	City:		State: Zip:
Patient ID: R <input type="text"/>				Physician Signature:		
PHYSICIAN COMPLETES						

Yervoy (ipilimumab)

****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

- Is this request for **INITIATION** or **CONTINUATION** of therapy? *Please select answer below:*
☐ **CONTINUATION** of therapy (**PA renewal**), please answer the questions on **PAGE 3**
☐ **INITIATION** of therapy, please answer the questions below:
- Is this request for brand or generic? ☐ Brand ☐ Generic
- Will the patient have clinical chemistries, including adrenocorticotrophic hormone (ACTH) level, as well as liver and thyroid function tests evaluated at baseline and before each dose? ☐ Yes ☐ No
- Does the physician agree to permanently discontinue Yervoy and initiate corticosteroid therapy for severe immune-mediated reactions? ☐ Yes ☐ No
- FEMALE Patient:** Is the patient of reproductive potential? ☐ Yes* ☐ No
**If YES, will the patient be advised to use effective contraception during treatment with Yervoy and for 3 months after the last dose?* ☐ Yes ☐ No
- What is the patient's diagnosis?
☐ Central nervous system (CNS) metastases
 - Was Yervoy active against the primary tumor (melanoma)? ☐ Yes ☐ No
 - Does the patient have recurrent disease? ☐ Yes ☐ No☐ Colorectal cancer
 - Does the patient have unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) colorectal cancer? ☐ Yes ☐ No
 - Has the diagnosis been confirmed by PCR-based assay genetic testing? ☐ Yes ☐ No
 - Will this medication be used in combination with nivolumab (Opdivo)? ☐ Yes ☐ No☐ Cutaneous melanoma
 - Is the patient's cutaneous melanoma Stage III? ☐ Yes ☐ No
 - Is Yervoy being used as adjuvant therapy? ☐ Yes ☐ No
 - Is there pathologic involvement of regional lymph nodes of more than 1 millimeter? ☐ Yes ☐ No
 - Has the patient undergone complete resection, including total lymphadenectomy? ☐ Yes ☐ No☐ Esophageal squamous cell carcinoma
 - Does the patient have unresectable advanced or metastatic esophageal squamous cell carcinoma? ☐ Yes ☐ No
 - Will this medication be used in combination with nivolumab (Opdivo)? ☐ Yes ☐ No
 - Will this medication be used as first-line treatment? ☐ Yes ☐ No

PLEASE PROCEED TO PAGE 2 FOR ADDITIONAL DIAGNOSES

PAGE 1 of 3



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PAGE 2 - PHYSICIAN COMPLETES

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

☐ Hepatocellular carcinoma

- a. Does the patient have unresectable or metastatic hepatocellular carcinoma (HCC)? ☐ Yes ☐ No
- b. Will this medication be used as first-line treatment? ☐ Yes ☐ No
- c. Has the patient had prior treatment with sorafenib (Nexavar)? ☐ Yes ☐ No
- d. Will this medication be used in combination with nivolumab (Opdivo)? ☐ Yes ☐ No

☐ Melanoma

- a. Does the patient have unresectable or metastatic melanoma? ☐ Yes ☐ No

☐ Mesothelioma

- a. Does the patient have unresectable malignant pleural mesothelioma? ☐ Yes ☐ No
- b. Will the patient use Yervoy as first-line treatment in combination with nivolumab (Opdivo)? ☐ Yes ☐ No

☐ Metastatic non-small cell lung cancer (NSCLC)

- a. Does the patient have an EGFR or ALK genomic tumor aberration? ☐ Yes ☐ No
- b. Does the patient's tumor express PD-L1 as determined by FDA-approved test? ☐ Yes* ☐ No
*If YES, will this medication be used as first-line treatment in combination with nivolumab (Opdivo)? ☐ Yes ☐ No
- c. Will this medication be used as first-line treatment in combination with nivolumab (Opdivo) and two cycles of platinum-doublet chemotherapy? ☐ Yes ☐ No

☐ Recurrent non-small cell lung cancer (NSCLC)

- a. Does the patient have an EGFR or ALK genomic tumor aberration? ☐ Yes ☐ No*
- b. Will the patient use Yervoy as first-line treatment in combination with nivolumab (Opdivo) and two cycles of platinum-doublet chemotherapy? ☐ Yes ☐ No

☐ Renal cell carcinoma (RCC)

- a. Does the patient have advanced renal cell carcinoma (RCC)? ☐ Yes ☐ No
- b. Is the patient considered to have an intermediate or poor prognosis? ☐ Yes ☐ No
- c. Will this medication be used as first-line treatment in combination with nivolumab (Opdivo)? ☐ Yes ☐ No

☐ Small cell lung cancer (SCLC)

- a. Will this medication be used in combination with nivolumab (Opdivo)? ☐ Yes ☐ No

☐ Other diagnosis (*please specify*): _____



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Date:				Provider Name:		
Patient Name:				Specialty:		NPI:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Office Phone:		Office Fax:
Street Address:				Office Street Address:		
City:	State:	Zip:		City:	State:	Zip:
Patient ID:	R <input type="text"/>			Physician Signature:		
PHYSICIAN COMPLETES						

CONTINUATION OF THERAPY (PA RENEWAL)

Yervoy (ipilimumab)

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☐ Cutaneous melanoma
 a. Is the patient's cutaneous melanoma Stage III? ☐ Yes ☐ No
☐ Esophageal squamous cell carcinoma
 a. Does the patient have unresectable advanced or metastatic esophageal squamous cell carcinoma? ☐ Yes ☐ No
 b. Will this medication be used in combination with nivolumab (Opdivo)? ☐ Yes ☐ No
☐ Mesothelioma
 a. Does the patient have unresectable malignant pleural mesothelioma? ☐ Yes ☐ No
 b. Will this medication be used in combination with nivolumab (Opdivo)? ☐ Yes ☐ No
☐ Metastatic non-small cell lung cancer (NSCLC)
 a. Will this medication be used in combination with nivolumab (Opdivo)? ☐ Yes ☐ No
☐ Recurrent Non-Small Cell Lung Cancer (NSCLC)
 a. Will this medication be used in combination with nivolumab (Opdivo)? ☐ Yes ☐ No
☐ Small Cell Lung Cancer (SCLC)
 a. Will this medication be used in combination with nivolumab (Opdivo)? ☐ Yes ☐ No
☐ Other diagnosis (*please specify*): _____
- Has the patient experienced disease progression or unacceptable toxicity while on the requested therapy? ☐ Yes ☐ No
- Will the patient have clinical chemistries, including adrenocorticotrophic hormone (ACTH) level, as well as liver and thyroid function tests evaluated before each dose? ☐ Yes ☐ No
- FEMALE Patient:** Is the patient of reproductive potential? ☐ Yes* ☐ No
 *If **YES**, will the patient be advised to use effective contraception during treatment with Yervoy and for 3 months after the last dose? ☐ Yes ☐ No