

Clinical Information

If bladder cancer:

Which of the following applies to your patient?

- locally advanced disease
- recurrent disease
- metastatic disease
- none of the above

(if metastatic) Did your patient have disease progression while being treated with the first therapy given for this diagnosis?

Yes No

Is this medication being given as single-agent therapy?

Yes No

If cervical cancer:

Does your patient have recurrent or metastatic disease?

Yes No

Has your patient previously been treated with chemotherapy for this diagnosis?

Yes No

Is this medication being given as single-agent therapy?

Yes No

If epithelial ovarian, fallopian tube, primary peritoneal:

Does your patient have persistent or recurrent disease?

Yes No

Is this medication being given as single-agent therapy?

Yes No

If Non-small cell lung cancer (NSCLC):

Does your patient have squamous cell carcinoma?

Yes No

(if no) Has your patient already received any chemotherapy for this diagnosis?

Yes No

(if prior chemo) How is this medication being used in this patient?

- single agent
- combination therapy with Keytruda only
- neither of the above

(if prior chemo, single agent) Which of the following best describes your patient's disease?

- advanced disease
- locally advanced disease
- metastatic disease
- other

Does your patient have advanced or metastatic disease?

Yes No

Was pembrolizumab (Keytruda) used as part of the first therapy given for this disease?

Yes No

Is this medication being used as maintenance therapy?

Yes No

Was platinum-based chemotherapy part of the first treatment given for this disease?

Yes No

(If yes) Did your patient receive at least 4 cycles of therapy?

Yes No

Did your patient experience disease progression after 4 cycles of therapy?

Yes No

(if no prior chemo) How is this medication being used in this patient?

- in combination therapy with Keytruda and platinum-based chemotherapy
- in combination therapy with platinum-based chemotherapy only
- neither of the above

(if no prior chemo, in combo with Keytruda and platinum-based chemo) Does your patient have metastatic disease?

Yes No

(if no prior chemo, in combo with platinum-based chemo only) Does your patient have locally advanced or metastatic disease?

Yes No

If Primary CNS lymphoma (PCNSL):

Has your patient previously been treated with chemotherapy for this diagnosis?

Yes No

Does your patient have progressive or recurrent disease?

Yes No

Is this medication being given as single-agent therapy?

Yes No

If Thymic:

Has your patient previously been treated with chemotherapy for this diagnosis?

Yes No

Is this medication being given as single-agent therapy?

Yes No

If Leptomeningeal metastases from non-small cell lung cancer (NSCLC):

Is your patient's disease positive for EGFR mutation?

Yes No

How will this medication be used in your patient's therapy?

- As maintenance treatment
- As primary treatment

(if primary treatment) Does your patient have good risk status (KPS at least 60, no major neurologic deficits, minimal systemic disease, and reasonable systemic treatment options if needed)?

Yes No

Has your patient had CSF cytology test?

Yes No

What is the result of your patient's CSF cytology?

- Negative
 Persistently positive

(if persistently positive) Is your patient clinically stable?

Yes No

If Non-nasopharyngeal head and neck cancer:

Does your patient have performance status (PS) 0-1?

Yes No

Does your patient have distant metastases?

Yes No

Does your patient have recurrent or persistent disease?

Yes No

Which of the following best describes your patient's disease?

- Locoregional recurrence
 Metastatic (M1) disease at initial presentation
 Persistent disease
 Second primary
 None of the above

(if locoregional recurrence, persistent disease, second primary) Is your patient's disease unresectable?

Yes No

(if unresectable locoregional recurrence, persistent disease, second primary) Has your patient already received radiation therapy (RT)?

Yes No

(if NOT unresectable locoregional recurrence, persistent disease, second primary) Has your patient already received radiation therapy (RT) with cisplatin?

Yes No

If Vaginal Cancer:

Is the requested medication being given as single-agent therapy?

Yes No

Has your patient previously been treated with chemotherapy for this diagnosis?

Yes No

Does your patient have locoregional recurrence or stage IVB or recurrent distant metastases?

Yes No

Additional pertinent information

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature: _____ **Date:** _____

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