

Clinical Information

If alveolar soft part sarcoma (ASPS):

Does the patient have unresectable or metastatic disease? Yes No

If hepatocellular carcinoma (HCC):

Does the patient have unresectable or metastatic disease? Yes No

Has the patient received systemic therapy for this diagnosis before requesting this medication? Yes No

Will the requested medication be used in combination with bevacizumab? Yes No

If melanoma:

Does the patient have BRAF V600 disease? Yes No

Does the patient have unresectable or metastatic disease? Yes No

Will the requested medication be used in combination with Cotellic (cobimetinib) and Zelboraf (vemurafenib)? Yes No

If non-small cell lung cancer (NSCLC):

Does the patient have stage II (2) (including IIA or IIB) or stage IIIA (3A) disease with programmed cell death ligand 1 (PD-L1) expression in greater than or equal to 1% or more of the tumor cells? Yes No

Is the requested medication being used as adjuvant treatment (that is treatment given after the main treatment to reduce the chance of cancer coming back by destroying any remaining cancer cells) following resection of the tumor and platinum-based chemotherapy (such as carboplatin, cisplatin)? Yes No

(if not stage II or IIIA for NSCLC) Does the patient have metastatic disease? Yes No

Has the patient previously received a systemic immune checkpoint inhibitor (such as Keytruda, Opdivo)? Yes No

Did the patient have disease progression during or after treatment with platinum-based chemotherapy (like carboplatin, cisplatin)? Yes No

Which of the following does the patient have?

EGFR (epidermal growth factor receptor)-positive

ALK (anaplastic lymphoma kinase)-positive

Testing did not indicate either EGFR (epidermal growth factor receptor) OR ALK (anaplastic lymphoma kinase) genomic mutations

(if EGFR-positive) Did the patient have disease progression while on Tarceva (erlotinib), Gilotrif (afatinib), Iressa (gefitinib), Tagrisso (osimertinib), or Portrazza (necitumumab)? Yes No

(if ALK-positive) Did the patient have disease progression while on Xalkori (crizotinib), Zykadia (certinib), or Alecensa (alectinib)? Yes No

(If no EGFR or ALK mutation) Is the requested medication for first line treatment? Yes No

(if no EGFR or ALK mutations) Will the requested medication be used in combination with Avastin (bevacizumab), paclitaxel, and carboplatin? Yes No

(if not in combo with Avastin [bevacizumab], paclitaxel, and carboplatin) Will the requested medication be used in combination with paclitaxel and carboplatin? Yes No

(if not in combo with paclitaxel and carboplatin) Does the patient's tumors have high programmed cell death ligand 1 (PD-L1) expression (PD-L1 stained greater than or equal to 50% of tumor cells [TC greater than or equal to 50%] or PD-L1 stained tumor-infiltrating immune cells [IC] covering greater than or equal to 10% of the tumor area [IC greater than or equal to 10%])? Yes No

If peritoneal mesothelioma:

Is the requested medication being used as subsequent (after first-line) systemic therapy? Yes No

Is the patient's Eastern Cooperative Oncology Group (ECOG) Performance Status (PS) 0-2? Yes No

Was the patient previously treated with immune checkpoint inhibitors? Yes No

Will the requested medication be used in combination with bevacizumab? Yes No

If small cell lung cancer (SCLC):

Does the patient have extensive stage (Stage 4) disease (ES-SCLC)? Yes No

Is the requested medication being used for first line therapy? Yes No

(if yes) Will the requested medication be used in combination with carboplatin and etoposide? Yes No

(if NOT first line) Did the patient have progression after first-line induction therapy with carboplatin and etoposide? Yes No

(if no) Will the requested medication be used in combination with lurbinectedin as maintenance therapy? Yes No

If small cell neuroendocrine carcinoma of the cervix (NECC):

Does the patient have persistent, recurrent or metastatic disease? Yes No

Will the requested be used in combination with cisplatin or carboplatin and etoposide? Yes No

Will the requested medication be continued as a single agent for maintenance therapy? Yes No

If urothelial carcinoma:

Does the patient have locally advanced, recurrent or metastatic disease? Yes No

Is the patient ineligible for treatment with cisplatin regardless of level or tumor programmed cell death ligand 1 (PD-L1) expression? Yes No

Did the patient have disease progression during or after treatment with platinum-based chemotherapy (for example, carboplatin, cisplatin)? Yes No

If colon cancer:

Does the patient have deficient mismatch repair/microsatellite instability-high (dMMR/MSI-H) disease OR polymerase epsilon/delta (POLE/POLD1) mutation with ultra-hypermutated phenotype (for example, tumor mutational burden greater than 50 mut/Mb)? Yes No

Will the requested medication be used as adjuvant treatment in combination with FOLFOX (fluorouracil, leucovorin, and oxaliplatin) or CAPEOX (capecitabine and oxaliplatin) regimens? Yes No

If Chronic Lymphocytic Leukemia (CLL):

Does the patient have Richter's transformation? Yes No

Will the requested medication be used as part of a Non-chemoimmunotherapy (Immune Checkpoint Inhibitor)-based regimen in combination with venetoclax and obinutuzumab? Yes No

Is the patient's CLL untreated? Yes No

(if no) Is the patient's CLL clonally unrelated disease at initial diagnosis? Yes No

(if yes) Will the requested medication be used as additional therapy for partial response, refractory disease, or progression while on treatment with chemoimmunotherapy regimens? Yes No

(if NOT clonally unrelated) Is the patient's CLL previously treated AND clonally related (or clonal relation is unknown)? Yes No

(if yes) Will the requested medication be used as first line treatment? Yes No

(if no) Will the requested medication be used as continuation therapy for complete response until progression, or as additional therapy not previously used for partial response, refractory disease, or progression while on treatment with CIT or non-CIT regimens? Yes No

If Thymomas/Thymic Carcinomas:

Will the requested medication be used as first-line systemic therapy in combination with carboplatin and paclitaxel? Yes No

(if yes) Does the patient have recurrent, advanced, or metastatic disease? Yes No

Has the patient had surgery for solitary metastasis or ipsilateral pleural metastasis? Yes No

Does the patient have medically inoperable/unresectable solitary metastasis or ipsilateral pleural metastasis? Yes No

(if no) Will the requested medication be used as postoperative systemic therapy in combination with carboplatin and paclitaxel after R1 or R2 resection?

Yes No

(if no) Does the patient have extrathoracic metastatic disease?

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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