

## **MEDICARE FORM**

AVASTIN<sup>™</sup> (bevacizumab) ALYMSYS<sup>™</sup> (bevacizumab-maly) AVZIVI<sup>™</sup> (bevacizumab-tnjn) MVASI<sup>™</sup> (bevacizumab-awwb) VEGZELMA<sup>®</sup> (bevacizumab-adcd) ZIRABEV<sup>™</sup> (bevacizumab-bvzr) **Medication Precertification Request** 

For Medicare Advantage Part B:				
Phone:	1-866-503-0857	(TTY: <u>711</u> )		
FAX:	1-844-268-7263			

For other lines of business: Please use other form.

Note: Alymsys, Avastin, Avzivi and Vegzelma are non-preferred. The preferred products are Mvasi and Zirabev.

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Page	1	OT 3	

(All fields must be completed and legible for precertification review.)

Please indicate:  Start of treatment: Start date  Precertification Requested By:	/ / [			last treatmen Fax:	
A. PATIENT INFORMATION			e:	гах	
First Name:	Last Name:			DOB:	
Address:		City:		State:	ZIP:
Home Phone: Work Phone:		Cell Phone:		Email:	
	ntllaight incha		Allergies	Email.	
Patient Current Weight: lbs or kgs Patie	inche		Allergies:		
	Deep notiont have at				
Aetna Member ID #: Group #:	Does patient have other coverage?				
Insured:	Insured:				
Medicare: Yes No If yes, provide ID #:	Me	edicaid: 🗌 Yes	□ No If yes, prov	ride ID #:	
C. PRESCRIBER INFORMATION					
First Name:	Last Name:		(Check O	ne): 🗌 M.D. [	□ D.O. □ N.P. □ P.A.
Address:		City:		State:	ZIP:
Phone: Fax:	St Lic #:	NPI #:	DEA #:	·	UPIN:
Provider Email:	Office Contact Name:			Phone:	
Specialty (Check one): 🗌 Oncologist 🔲 Ophthalm	ologist 🔲 Other:				
D. DISPENSING PROVIDER/ADMINISTRATION INFO	ORMATION				
Place of Administration:		Dispensing I	Provider/Pharmac	y: Patient Sel	ected choice
Self-administered Physician's Office		Physician	's Office	🗌 Retail Phari	macy
Outpatient Infusion Center Phone:		_ 🗌 Specialty	Pharmacy	Other	
Center Name:		– Name:			
Home Infusion Center Phone: Agency Name:					
Administration code(s) (CPT):					
Address:            City:            State:	סוד	Phone:		Fax:	
Phone: Fax:	ZIP	- TIN:		PIN:	
TIN: PIN:		NPI:			
NPI:		_			
E. PRODUCT INFORMATION					
	ALYMSYS™ (bevaci		AVZIVI™ (bev	-	-
	VEGZELMA (bevaciz				zr)
	Frequency:		HCPCS Code:		
F. DIAGNOSIS INFORMATION - Please indicate prima Primary ICD Code:	ary ICD code and speci _ Secondary ICD Cod			ICD Code:	
G. CLINICAL INFORMATION - Required clinical inform					
For Initiation Requests (clinical documentation required		ied in its <u>entirety</u> it		n requests.	
Ophthalmic disorders:					
Yes No Is this request for Avastin treatment?					
Yes ☐ No Has the patient tried and failed treatment with Avastin due to a documented intolerable adverse event (e.g., rash, nausea, vomiting)?					
Yes ☐ No Was the adverse event unexpected and not attributed to the active ingredient as described in the prescribing information?					
Please select the diagnosis:					
Choroidal neovascularization (CNV) (including myopic choroidal neovascularization (mCNV), angioid streaks, choroiditis [including choroiditis secondary to ocular histoplasmosis], idiopathic degenerative myopia, retinal dystrophies, rubeosis iridis, pseudoxanthoma elasticum, and trauma)					
Diabetic macular edema Macular edema following					
Neovascular glaucoma     Polypoidal choroidal vas					



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	(All fields must be completed a	nd legible for precertification review.)	
Patient First Name	Patient Last Name	Patient Phone	Patient DOB
	N <i>(continued)</i> – Required clinical info	rmation must be completed in its <u>er</u>	ntirety for all precertification requests
Oncology indications:			
Note: Alymsys, Avastin, Ava	zivi and Vegzelma are non-preferred. The	e preferred products are Mvasi and Zir	abev.
☐ Yes ☐ No Has the patie	nt had prior therapy with requested product	within the last 365 days?	
— — ·	nt had a trial and failure, intolerance, or cor bevacizumab-awwb) 🔲 Zirabev (bevacizu	, , , , , , , , , , , , , , , , , , , ,	lect all that apply)
Please explain if there are any patient's diagnosis? (select all	<ul> <li>other medical reason(s) that the patient ca that apply)</li> </ul>	annot use any of the following preferred p	products when indicated for the
☐ Mvasi (l	bevacizumab-awwb) 🔲 Zirabev (bevacizu	mab-bvzr)	
Please select the diagnosis:			
Ampullary Adenocarcinom			
	a e of ampullary adenocarcinoma which appli	es to the patient's disease.	type 🗍 Other
	ne patient have progressive, unresectable,		
	select: progressive disease unrese		none of the above
Anaplastic glioma			
🟳 Angiosarcoma			
	requested medication be given as a single	agent therapy?	
Breast cancer			
	ne patient have recurrent or metastatic dise		
Please	select: 🗌 recurrent disease 🗌 metastati	c disease [] none of the above	
Cervical cancer			
	ne patient have persistent, recurrent, or me		
	select: persistent disease recurrent		ne of the above
_	g appendiceal adenocarcinoma and anal ad	denocarcinoma	
Diffuse high grade gliomas			
Endometrial carcinoma			
	ne patient have progressive, advanced, rec	irrent or metastatic disease?	
	select: progressive disease advanced, ree		netastatic disease
Epithelial ovarian cancer (i	ncluding carcinosarcoma [malignant mixed ma, and malignant sex cord-stromal tumors	Müllerian tumors], clear cell carcinoma,	
Fallopian tube cancer			
Gastric cancer			
Hepatocellular carcinoma	a nationt have unreasonable or matastatic	20000	
	e patient have unresectable or metastatic select:  unresectable disease  metas		
	requested drug be used as initial treatment		
	requested medication be given in combina		
☐ IDH mutant astrocytoma (V			
	ndymoma (excludes subependymoma)		
Limited and extensive brain			
Low-grade (WHO Grade 1			
Medulloblastoma	,		
Meningiomas			

Continued on next page.



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AVASTIN<sup>™</sup> (bevacizumab) ALYMSYS<sup>™</sup> (bevacizumab-maly) AVZIVI<sup>™</sup> (bevacizumab-tnjn) MVASI<sup>™</sup> (bevacizumab-awwb) VEGZELMA<sup>®</sup> (bevacizumab-adcd) ZIRABEV<sup>™</sup> (bevacizumab-bvzr) Medication Precertification Request For Medicare Advantage Part B: Phone: <u>1-866-503-0857</u> (TTY: <u>711</u>) FAX: <u>1-844-268-7263</u>

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Note: Alymsys, Avastin, Avzivi, and Vegzelma are non-preferred. The preferred products are Mvasi and Zirabev.

Patient First Name       Patient Last Name       Patient Phone       Patient DOB         G. CLINICAL INFORMATION (continuec)—Required clinical information must be completed in its <u>ontinue</u> for all precentification requests         Mesothelioma       maignant pleural mesothelioma = malignant perioneal mesothelioma = bricardial mesothelioma = bricardial mesothelioma       unica vaginalis tests mesothelioma         Billent First Name       Please indicate the type of mesothelioma which applies to the patient's disease:       maignant pleural mesothelioma       brites         Please indicate the type of mesothelioma which applies to the patient's disease:       maignant pleural mesothelioma       brites         Please indicate the type of the requested medication be given in combination with permetroxed (Alima) and either cisplatin (Platinot) or carboplatin (Paraplatin)       please select the requested regimen:       please select:       please select:       please s		(All fields must be completed a	and legible for precertification revie	ew.)	
Image: Indicate the type of mescabelioma which applies to the patient's disease:	Patient First Name	Patient Last Name	Patient Phone	Patient DOB	
Image: Indicate the type of mescabelioma which applies to the patient's disease:					
Please indicate the type of mesothelioma which applies to the patient's disease: <pre></pre>		ontinued) – Required clinical infor	mation must be completed in its <u>e</u>	<u>entirety</u> for all precertification reques	sts
<pre>   malignant placent mesothelioma   malignant peritoreal mesothelioma   pericardial mesothelioma   tunica vaginalis testis mesothelioma  </pre>	<b>•</b>				
difference				_	
Please indicate the place in therapy in which the requested drug will be used:		elioma 📋 malignant peritoneal mes	othelioma 📋 pericardial mesothe	elioma 📋 tunica vaginalis testis meso	othelioma
First-line treatment     (Paraplatin), followed by single-agent maintenance bevacizumab?     (Paraplatin), followed by single-agent maintenance bevacizumab?     (Paraplatin), followed by single-agent maintenance bevacizumab?     Subsequent treatment     Please select the requested regimen:     (In combination with pemetrexed (Alimta) and either cisplatin (Platinci) or carboplatin (Paraplatin)     (In combination with atecvizumab (Tecentra)     (Direct equested regimen:     (Di					
Yes       No       Will the requested medication be given in combination with pemetrexed (Alimta) and either cisplatin (Platinol) or carbopiatin intemosi (Platinol) or carbopiatin (Platinol) or carbopiat	· · · · ·	herapy in which the requested drug v	will be used:		
(Paraplatin), followed by single-agent maintenance bevacizumab?         □ Yes □ No Does the patient have unresectable disease?         □ In combination with permetroxed (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin)         □ In combination with the permetroxed (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin)         □ In combination with the permetroxed (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin)         □ In combination with atezolizumab (Tecentriq)         □ Other         ○ Metastatic Spine tumors         □ Neor-sequences non-small cell lung cancer (NSCLC)         □ Yes □ No Does the patient have recurrent, advanced disease □ metastatic disease □ unresectable disease □ none of the above         ○ Oligodentrogliona (WHO Grade 2 or 3)         □ Primary peritoneal cancer         □ Renal cell carcinoma         □ Yes □ No Does the patient have relapsed or stage IV disease? □ relapsed disease □ stage IV disease □ none of the above         □ Solitary fibrous tumor or hemangiopericytoma         □ Yes □ No Does the patient have progressive, advanced, recurrent, or metastatic disease?         □ Yes □ No Does the patient have persistent, recurrent, or metastatic disease?         □ Yes □ No Does the patient have unresectable locally advanced, disease □ none of the above         □ Yes □ No Does the patient have unresectable colly advanced disease □ none of the above         □ Yes □ No Does the patient have unresectable locally advanced, re				····	l - tiu
				a) and either cisplatin (Platinol) of card	opiatin
Subsequent treatment  Subsequent  Subsequent treatment  Subsequent treatment  Subsequent treatment  Subsequent treatment  Subsequent treatment  Subsequent  S					
Please select the requested regimen:					
In combination with pemetrexed (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin) In combination with atsolve preserved (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin) In combination with atsolve preserved (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin) Other In combination with atsolve preserved (Alimta) and either cisplatin (Platinol) or carboplatin (Paraplatin) Other Other Metastatic spine tumors Metastatic spine tumors Non-Section parall cell lung cancer (NSCLC) Pilease select: recurrent disease and vanced disease metastatic disease in unresectable disease in one of the above Oligodendroglioma (WHO Grade 2 or 3) Primary central nervous system lymphoma Primary central nervous twore or hemanjooperiytoma Ves I No Does the patient have progressive, advanced, recurrent, or metastatic disease i		ested regimen:			
Yes       No       Has the patient received immunotherapy as first-line treatment?         In combination with atezolizumab (Tecentriq)       Other         Metastatic spine tumors       No roots of central nervous system due to exposure to ionizing radiation         Non-squamous non-small cell lung cancer (NSCLC)       Please select:       recurrent disease       metastatic disease       unressectable disease       none of the above         Objectend/oglioma (WHO Grade 2 or 3)       Please select:       recurrent disease       metastatic disease       stage IV disease       none of the above         Primary peritoneal cancer       Renal cell carcinoma       stage IV disease       none of the above         Small bowel adenocarcinoma       Small bowel adenocarcinoma       stage IV disease       none of the above         Small bowel adenocarcinoma       Soliary librous tumor or hemangiopericytoma       recurrent or metastatic disease       none of the above         Yes       No       Does the patient have progressive, advanced, recurrent, or metastatic disease?       none of the above         Yes       No       Does the patient have progressive, advanced, recurrent, or metastatic disease?       none of the above         Yes       No       Does the patient have progressive, advanced, recurrent, or metastatic disease?       none of the above         Yes       No       Does the patient have unresectable lo			atin (Platinol) or carboplatin (Parap	platin)	
□ In combination with atezolizumab (Tecentriq)         □ Other         □ Metastatic spine tumors         ○ Non-sequences         ○ Yes       No Does the patient have recurrent, advanced, metastatic, or unresectable disease         ○ Oligodendroglioma (WHO Crade 2 or 3)         □ Primary central nervous system lymphoma         □ Solitary fibrious tumor or hemangiopericytoma         ○ Yes       No Does the patient have relapsed or stage IV disease?         ○ Yes       No Does the patient have progressive, advanced, recurrent, or metastatic disease?         □ Yes       No Does the patient have progressive disease       □ recurrent disease         □ Yes       No Does the patient have progressive, advanced, recurrent, or metastatic disease?         □ Yes       No Does the patient have progressive disease       □ recurrent disease         □ Yes       No Does the patient have unresectable locally advanced disease?       □ none of the above         ○ Yes       No Does the patient have unresectable locally advanced disease?       □ none of the above         ○ Yes       No Does the patient have unresectable locally advanced disease?       □ none of the above				,	
Metastatic spine tumors Metastatic spine tumors Nen-sequences of central nervous system lue to exposure to ionizing radiation Non-sequences constraint cell lung cancer (NSCLC) Yes No Does the patient have recurrent, advanced, metastatic, or unresectable disease   unresectable disease   onne of the above Piease select:   recurrent disease   advanced disease   metastatic disease   unresectable disease   onne of the above Primary central nervous system lymphoma Primary central nervous system lymphoma Primary peritoneal cancer Renal cell carcinoma Solitary fibrous tumor or hemangiopericytoma Yes No Does the patient have progressive, advanced, recurrent, or metastatic disease? Please select:   progressive disease   advanced disease   recurrent disease   onne of the above Solitary fibrous tumor or hemangiopericytoma Yes No Does the patient have progressive, advanced, recurrent, or metastatic disease? Please select:   progressive disease   advanced disease   none of the above Wayinal cancer Please select:   progressive disease   advanced disease   none of the above Please select:   progressive disease   advanced, recurrent disease   none of the above Vulvar squamous cell carcinoma Please select:   unresectable locally advanced, recurrent, or metastatic disease? Please select:   unresectable locally advanced, recurrent, or metastatic disease? Please select:   unresectable locally advanced, recurrent or metastatic disease   none of the above Vulvar squamous cell carcinoma Please select:   unresectable locally advanced, recurrent, or metastatic disease   none of the above Please select:   unresectable locally advanced, recurrent, or metastatic disease? Please select:   unresectable locally advanced, recurrent, or metastatic disease? Please select:   unresectable locally advanced, recurrent, or metastatic disease   none of the above					
□ cercrosis of central nervous system due to exposure to ionizing radiation         □ Non-squamous non-small cell lung cancer (NSCLC)         □ Constraint of the patient have recurrent, advanced, metastatic, or unresectable disease?         □ Please select:       □ recurrent disease         □ Oligodendroginioma (WHO Grade 2 or 3)         □ Primary central nervous system lymphoma         □ Primary central nervous system lymphoma         □ Primary central nervous system lymphoma         □ Solitary fibrous tumor or hemangiopericytoma         □ Solitary fibrous tumor or hemangiopericytoma         □ Yes □ No Does the patient have progressive, advanced, recurrent, or metastatic disease?         □ Ves □ No Does the patient have progressive, advanced, recurrent, or metastatic disease?         □ Yes □ No Does the patient have progressive disease □ recurrent disease □ none of the above         □ Yaginal cancer         □ Yes □ No Does the patient have progressive disease □ recurrent disease?         □ Yes □ No Does the patient have progressive disease □ recurrent disease?         □ Yes □ No Does the patient have unresectable locally advanced, recurrent, or metastatic disease?         □ Yes □ No Does the patient have unresectable locally advanced, recurrent, or metastatic disease?         □ Yes □ No Does the patient have unresectable locally advanced, recurrent, or metastatic disease?         □ Yes □ No Does the patient have unresectable locally advanced, recurrent disease □ none of the above	Other				
Non-squamous non-small cell lung cancer (NSCLC)         Yes       No Does the patient have recurrent, advanced, metastatic, or unresectable disease ] unresectable disease ] none of the above         Oligodendroglioma (WHO Grade 2 or 3)       Primary central nervous system lymphoma         Primary central nervous system lymphoma       Primary central nervous system lymphoma         Primary central nervous system lymphoma       Primary central nervous system lymphoma         Primary central nervous system lymphoma       Primary central nervous system lymphoma         Primary central nervous system lymphoma       Primary central nervous system lymphoma         Primary central nervous system lymphoma       Primary central nervous system lymphoma         Solitary fibrous tumor or hemangiopericytoma       Primary central nervous system disease or stage IV disease?         Yes       No Does the patient have progressive, advanced, recurrent, or metastatic disease?         Yes       No Does the patient have progressive, advanced, recurrent, or metastatic disease?         Yes       No Does the patient have unresectable locally advanced, recurrent, or metastatic disease?         Yes       No Does the patient have unresectable locally advanced recurrent, or metastatic disease?         Yes       No Does the patient have unresectable locally advanced disease         Yutar squamous cell carcinoma       Please select:       peristent disease         Yes       No Does the p	Metastatic spine tumors				
Yes       No       Does the patient have recurrent, advanced, metastatic, or unresectable disease       Indexect disease	Necrosis of central nervous sys	em due to exposure to ionizing radia	tion		
Please select:   recurrent disease   advanced disease   metastatic disease   unresectable disease   none of the above     Oligodendroglioma (WHO Grade 2 or 3)     Primary central nervous system lymphoma     Primary peritoneal cancer     Renal call carcinoma     Ore the advanced disease   relapsed disease   stage IV disease   none of the above     Solitary fibrous tumor or hemangiopericytoma     Oligodendroglioma (WHO Grade 2 or 3)     One of the above experiment disease   stage IV disease   none of the above     Solitary fibrous tumor or hemangiopericytoma     Oligodend adenocarcinoma     Oligodend carcinoma     Oligodend	Non-squamous non-small cell lu	ing cancer (NSCLC)			
<ul> <li>Oligodendroglioma (WHO Grade 2 or 3)</li> <li>□ Primary central nervous system lymphoma</li> <li>□ Primary central nervous like and like asse</li> <li>□ Primary central nervous like and like</li></ul>	$\rightarrow$ $\square$ Yes $\square$ No Does the particular the particular term of term	tient have recurrent, advanced, meta	static, or unresectable disease?		
□ Primary central nervous system lymphoma         □ Primary peritoneal cancer         □ Renal cell carcinoma         □ Yes       □ No         □ Solitary fibrous tumor or hemangiopericytoma         □ Other content         □ Ves       □ No         □ Ves <td>Please sele</td> <td>ct: 🔲 recurrent disease 🛛 advance</td> <td>d disease 🔲 metastatic disease</td> <td>unresectable disease none of</td> <th>f the above</th>	Please sele	ct: 🔲 recurrent disease 🛛 advance	d disease 🔲 metastatic disease	unresectable disease none of	f the above
Primary peritoneal cancer   Primary peritoneal cancer   Prenal cell carcinoma   Small bowel adenocarcinoma   Solitary fibrous tumor or hemangiopericytoma   Solitary fibrous tumor or hemangiopericytoma   PYs   Vss   No   Uterine neoplasms   Piease select:   progressive disease   advanced disease   recurrent, or metastatic disease?   Piease select:   progressive disease   recurrent, or metastatic disease?   Piease select:   progressive disease   recurrent disease   recu	Oligodendroglioma (WHO Grad	e 2 or 3)			
Renal cell carcinoma	Primary central nervous system	lymphoma			
Yes       No       Does the patient have relapsed or stage IV disease?       relapsed disease       stage IV disease       none of the above         Small bowel adenocarcinoma       Small bowel adenocarcinoma       Small bowel adenocarcinoma       none of the above         Yes       No       Will the requested medication be given in combination with temozolomide (Temodar)?       Iterine neoplasms         Yes       No       Does the patient have progressive, advanced, recurrent, or metastatic disease?       none of the above         Yes       No       Does the patient have progressive disease       advanced disease       netastatic disease       none of the above         Yes       No       Does the patient have progressive, advanced, recurrent, or metastatic disease?       Please select:       persistent, recurrent, or metastatic disease?       Please select:       persistent disease       none of the above         Vulvar squamous cell carcinoma       Please select:       persistent disease       recurrent, or metastatic disease?       persistent disease       none of the above         Vulvar squamous cell carcinoma       Yes       No       Does the patient have unresectable locally advanced, recurrent, or metastatic disease?       persistent disease       none of the above         For Continuation Requests (clinical documentation required for all requests):       Opthalmic disorders:       none of the above       persistent disease<	Primary peritoneal cancer				
Small bowel adenocarcinoma Solitary fibrous tumor or hemangiopericytoma (sease ] encurrent disease ] metastatic disease ] none of the above Solitary fibrous tumor exectable locally advanced, recurrent, or metastatic disease? Solitary fibrous tumor exectable locally advanced recurrent, or metastatic disease? Solitary fibrous tumor exectable locally advanced recurrent disease ] metastatic disease ] none of the above Solitary fibrous tumor exectable locally advanced recurrent disease ] metastatic disease ] none of the above Solitary fibrous tumor exectable locally advanced recurrent disease [ metastatic disease] or visual field, or a reduction i	📮 Renal cell carcinoma				
Small bowel adenocarcinoma Solitary fibrous tumor or hemangiopericytoma (sease ] encurrent disease ] metastatic disease ] none of the above Solitary fibrous tumor exectable locally advanced, recurrent, or metastatic disease? Solitary fibrous tumor exectable locally advanced recurrent, or metastatic disease? Solitary fibrous tumor exectable locally advanced recurrent disease ] metastatic disease ] none of the above Solitary fibrous tumor exectable locally advanced recurrent disease ] metastatic disease ] none of the above Solitary fibrous tumor exectable locally advanced recurrent disease [ metastatic disease] or visual field, or a reduction i	$\searrow$ Yes $\square$ No Does the pa	tient have relapsed or stage IV disea	se? 🗌 relapsed disease 🔲 stage	e IV disease 🔲 none of the above	
Solitary fibrous tumor or hemangiopericytoma         Solitary fibrous tumor oresectable local	_			—	
Yes No Will the requested medication be given in combination with temozolomide (Temodar)?   Uterine neoplasms   Yes   No   Does the patient have progressive, advanced, recurrent, or metastatic disease?   Yes   Yes   No   Does the patient have persistent, recurrent, or metastatic disease   Yes   No   Does the patient have persistent, recurrent, or metastatic disease   Yes   No   Does the patient have persistent, recurrent, or metastatic disease   Please select:   persistent disease   recurrent disease   metastatic disease?   Please select:   persistent disease   recurrent disease   metastatic disease?   Please select:   ulterine requests (clinical documentation required for all requests):   Ophthalmic disorders:    Pres   No   Has the patient demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA]   or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)?   Oncology indications:    Yes No   H. ACKNOWLEDGEMENT   Request Completed By (Signature Required): /	—	giopericytoma			
Uterine neoplasms         ↓ Yes       No       Does the patient have progressive, advanced, recurrent, or metastatic disease?         ↓ Vaginal cancer       ↓ Please select: ] progressive disease ] advanced disease ] recurrent disease ] metastatic disease ] none of the above         ↓ Ves       No       Does the patient have persistent, recurrent, or metastatic disease?         ↓ Ves       No       Does the patient have unresectable locally advanced, recurrent, or metastatic disease?         ↓ Vuvar squamous cell carcinoma       ↓ Yes       No         ↓ Ves       No       Does the patient have unresectable locally advanced, recurrent, or metastatic disease?         ↓ Ves       No       Does the patient have unresectable locally advanced, recurrent disease       metastatic disease?         ↓ Ves       No       Does the patient have unresectable locally advanced, recurrent disease       metastatic disease?         ↓ Ves       No       Does the patient have unresectable locally advanced disease       recurrent disease?         Please select:       unresectable locally advanced disease       recurrent disease       metastatic disease?         Opthalmic disorders:       or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss??       Oncology indications:         ↓ Yes       No       Has the patient experienced an unacceptable toxicity or disease progression while on the current regimen?			ation with temozolomide (Temodar	r)?	
Please select: progressive disease advanced disease recurrent disease metastatic disease none of the above Yes No Does the patient have persistent, recurrent, or metastatic disease? Please select: presistent disease recurrent disease metastatic disease? Vulvar squamous cell carcinoma Yes No Does the patient have unresectable locally advanced, recurrent, or metastatic disease? Please select: unresectable locally advanced disease recurrent disease metastatic disease? Please select: unresectable locally advanced disease recurrent disease metastatic disease? Please select: unresectable locally advanced disease recurrent disease metastatic disease none of the above Pres No Does the patient demonstrated of rall requests): Opthalmic disorders: Yes No No Has the patient demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)? Oncology indications: Yes No		3	Ŷ	,	
Please select: progressive disease advanced disease recurrent disease metastatic disease none of the above Yes No Does the patient have persistent, recurrent, or metastatic disease? Please select: presistent disease recurrent disease metastatic disease? Vulvar squamous cell carcinoma Yes No Does the patient have unresectable locally advanced, recurrent, or metastatic disease? Please select: unresectable locally advanced disease recurrent disease metastatic disease? Please select: unresectable locally advanced disease recurrent disease metastatic disease? Please select: unresectable locally advanced disease recurrent disease metastatic disease none of the above Pres No Does the patient demonstrated of rall requests): Opthalmic disorders: Yes No No Has the patient demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)? Oncology indications: Yes No		tient have progressive, advanced, re-	current, or metastatic disease?		
Yes No Does the patient have persistent, recurrent, or metastatic disease?   Yes No Does the patient have unresectable locally advanced, recurrent, or metastatic disease?   Yes No Does the patient have unresectable locally advanced, recurrent, or metastatic disease?   Please select: unresectable locally advanced disease   recurrent disease metastatic disease?   Please select: unresectable locally advanced disease   recurrent disease metastatic disease?   Please select: unresectable locally advanced disease   recurrent disease metastatic disease   none of the above   For Continuation Requests (clinical documentation required for all requests): Ophthalmic disorders:   Yes No   Heas the patient demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)? Oncology indications: Yes No Has the patient experienced an unacceptable toxicity or disease progression while on the current regimen? H. ACKNOWLEDGEMENT Request Completed By (Signature Required):				e 🔲 metastatic disease 🔲 none of 🖞	the above
<ul> <li>Please select: persistent disease recurrent disease metastatic disease none of the above</li> <li>Vulvar squamous cell carcinoma</li> <li>Yes No Does the patient have unresectable locally advanced, recurrent, or metastatic disease?</li> <li>Please select: unresectable locally advanced disease recurrent disease metastatic disease none of the above</li> <li>For Continuation Requests (clinical documentation required for all requests):</li> <li>Ophthalmic disorders:</li> <li>Yes No Has the patient demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)?</li> <li>Oncology indications:</li> <li>Yes No Has the patient experienced an unacceptable toxicity or disease progression while on the current regimen?</li> <li>H. ACKNOWLEDGEMENT</li> <li>Request Completed By (Signature Required): Date: /</li> </ul>					
□       Vulvar squamous cell carcinoma         □       Yes       No       Does the patient have unresectable locally advanced, recurrent, or metastatic disease?         □       →       Please select:       □       unresectable locally advanced disease       □       recurrent disease?         ■       →       Please select:       □       unresectable locally advanced disease       □       recurrent disease       □       metastatic disease       □       none of the above         For Continuation Requests (clinical documentation required for all requests):         Ophthalmic disorders:       □       Yes       No       Has the patient demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)?         Oncology indications:       □       Yes       No       Has the patient experienced an unacceptable toxicity or disease progression while on the current regimen?         H. ACKNOWLEDGEMENT					
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Please select: unresectable locally advanced disease recurrent disease metastatic disease none of the above For Continuation Requests (clinical documentation required for all requests): Ophthalmic disorders: Yes No Has the patient demonstrated a positive clinical response to therapy (e.g., improvement or maintenance in best corrected visual acuity [BCVA] or visual field, or a reduction in the rate of vision decline or the risk of more severe vision loss)? Oncology indications: Yes No Has the patient experienced an unacceptable toxicity or disease progression while on the current regimen? H. ACKNOWLEDGEMENT Request Completed By (Signature Required): Date: /					
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Any person who knowingly files a request for authorization of coverage of a medical procedure or service with the intent to injure, defraud or deceive	Request Completed By (Signat	ure Required):		Date:	<u>/ / </u>
any insurance company by providing materially false information or conceals material information for the purpose of misleading, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.				or the purpose of misleading, comm	its a fraudulent

The plan may request additional information or clarification, if needed, to evaluate requests.