



- esophageal/esophageal junction cancer
- extranodal NK/T-cell lymphoma, nasal type
- follicular lymphoma (FL)
- gastric cancer
- gestational trophoblastic neoplasia (GTN)
- glioblastoma
- head and neck cancer (including nasopharynx, hypopharynx, very advanced, maxillary sinus, oropharynx, occult primary, ethmoid sinus, lip, supraglottic larynx, glottis larynx, oral cavity)
- hepatobiliary cancer (hepatocellular carcinoma [HCC], liver cancer, gallbladder cancer, bile duct cancer)
- hepatosplenic gamma-delta T-cell lymphoma (HGDTCL)
- high-grade B-cell lymphoma
- histologic transformation from marginal zone lymphoma (MZL) to diffuse large B-cell lymphoma (DLBCL)
- Hodgkin's lymphoma (HL)

- primary cutaneous CD30+ T-cell lymphoproliferative disorders (examples include lymphomatoid papulosis [LyP] and primary cutaneous anaplastic large-cell lymphoma [ALCL])
- prostate cancer
- small cell lung cancer (SCLC)
- squamous cell skin cancer (squamous cell carcinoma [SCC])
- subependymoma
- T cell lymphoma
- testicular cancer
- thymoma/thymic carcinoma
- uterine/endometrial carcinoma
- vulvar cancer
- other (*please specify*):

**Clinical Information**

(if brain mets from breast cancer) Does your patient have HER2-positive disease? Yes  No

**Additional pertinent information** (*please include disease stage, prior therapy, performance status, and names/doses/admin schedule of any agents to be used concurrently*):

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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