Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

Keytruda
(pembrolizumab)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:
☐ Standard ☐ Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Medication Requested: ☐ Keytruda 100mg/4ml vial

Directions for use: Quantity: Duration of therapy: J-Code:

Patient's current weight: ICD10:

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Prescriber's office stock (billing on a medical claim form)
☐ Other (please specify):
☐ Retail pharmacy
☐ Home Health / Home Infusion vendor
***Cigna's nationally preferred specialty pharmacy*

***Medication orders can be placed with Accredo via E-prescribe - Accredo (1640 Century Center Pkwy, Memphis, TN 38134-8822 | NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557*

Facility and/or doctor dispensing and administering medication:
Facility Name: State: Tax ID#:
Address (City, State, Zip Code):

***NOTE:** Per some Cigna plans, infusion of medication MUST occur in the lowest cost, medically appropriate setting*

Is this infusion occurring in a facility affiliated with hospital outpatient setting? ☐ Yes ☐ No

If yes- Is this patient a candidate for re-direction to an alternate setting (such as AIS, MDO, home) with assistance of a Specialty Care Option Case Manager? ☐ Yes ☐ No (provide medical necessity rationale):

Is the patient a candidate for home infusion? Yes ☐ No ☐
Does the physician have an in-office infusion site? Yes ☐ No ☐

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? ☐ Yes ☐ No

Diagnosis
☐ adrenocortical carcinoma
☐ anal carcinoma
☐ alveolar soft part sarcoma (ASPS)
☐ breast cancer
☐ brain metastases from melanoma or non-small cell lung cancer (NSCLC)
☐ cervical cancer
☐ chordoma
☐ chronic lymphocytic leukemia/small lymphocytic lymphoma for histologic (Richter's) transformation to diffuse large B-cell lymphoma
☐ chondrosarcoma
☐ cutaneous angiosarcoma
☐ cutaneous squamous cell carcinoma (cSCC)
☐ endometrial carcinoma

☐ esophageal or gastroesophageal (GEJ) (tumors with epicenter 1-5 cmg above the GEJ) carcinoma
☐ Ewing's sarcoma
☐ extranodal NK/T-Cell Lymphoma (nasal type)
☐ gastric/gastroesophageal junction adenocarcinoma
☐ gestational trophoblastic neoplasia (GTN)
☐ hepatocellular carcinoma (HCC)
☐ Hodgkin lymphoma (HL)
☐ malignant pleural mesothelioma (MPM)
☐ melanoma
☐ Merkel cell carcinoma (MCC)
☐ mycosis fungoides (MF)/Sezary Syndrome (SS)
☐ myxofibrosarcoma
☐ non-muscle invasive bladder cancer (NMIBC)
☐ non-small cell lung cancer (NSCLC)
☐ osteosarcoma
☐ primary mediastinal large B-cell lymphoma (PMBCL)
☐ renal cell carcinoma (RCC)
☐ small cell lung cancer (SCLC)
☐ squamous cell carcinoma of the esophagus (ESCC)
☐ squamous cell carcinoma of the head and neck (SCCHN)
☐ T-cell lymphoma
☐ thymic carcinoma
☐ other solid tumors
☐ undifferentiated pleomorphic sarcoma (UPS)
☐ undifferentiated sarcomas of retroperitoneal/intra-abdominal and extremity/body well/head/neck
☐ urothelial carcinoma (UCC, transitional cell carcinoma [TCC])
☐ other *(please specify):*

Clinical Information

Is this new start or continuation of therapy? ☐ new start ☐ continued therapy

(if continued therapy) Is your patient responding to therapy or is your patient NOT experiencing disease progression while on Keytruda? Yes ☐ No ☐

****This drug requires supportive documentation (i.e. genetic testing, chart notes, lab/test results, etc). Supportive documentation for all answers must be attached with this request.**

Does your patient have a microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) solid tumor? Yes ☐ No ☐

(if yes) Does your patient have colorectal cancer (CRC)? Yes ☐ No ☐

(if not CRC) Which of the following best describes your patient's diagnosis?

- ☐ breast cancer
- ☐ chondrosarcoma
- ☐ Ewing sarcoma
- ☐ osteosarcoma
- ☐ solid tumors
- ☐ other

(if MSI-H/dMMR, NOT CRC) Does your patient have unresectable or metastatic disease? Yes ☐ No ☐

(if MSI-H/dMMR, NOT CRC) Has your patient previously been treated with any therapy for this diagnosis? Yes ☐ No ☐

(if yes) Did you patient have disease progression with the previous treatment? Yes ☐ No ☐

(if MSI-H/dMMR NOT CRC) Are there any satisfactory alternative options available for treatment? Yes ☐ No ☐

(if anal carcinoma, ASPS, brain mets, breast [MSI-H/dMMR or TMB-H], chondrosarcoma, chordoma, CRC, cutaneous angiosarcoma, Ewing, GTN, HL, MPM, myxofibrosarcoma, NSCLC, osteosarcoma, thymic carcinoma, undifferentiated sarcomas or UPS) Is Keytruda being used as single-agent therapy? Yes ☐ No ☐

(if adrenocortical carcinoma or SCLC) Does your patient have metastatic disease? Yes ☐ No ☐

(if anal carcinoma, cervical, MPM, or Extranodal NK/T-Cell Lymphoma [nasal type], or thymic carcinoma) Has your patient previously received any chemotherapy for this diagnosis? Yes ☐ No ☐

(if breast cancer) Does your patient have tumor mutational burden-high (TMB-H) tumors with 10 or more mutations per megabase? Yes ☐ No ☐

(if chondrosarcoma, chordoma, Ewing sarcoma, osteosarcoma, solid tumors [not MSI-H/dMMR]) Does your patient have tissue mutation burden-high (TMB-H) tumors with 10 or more mutations per megabase? Yes ☐ No ☐

(if breast, chordoma, solid tumors OR chondrosarcoma, osteosarcoma [not MSI-H/dMMR]) Does your patient have unresectable or metastatic disease? Yes ☐ No ☐

(if breast, chordoma, solid tumors OR chondrosarcoma, osteosarcoma [not MSI-H/dMMR]) Has your patient previously been treated with any therapy for this diagnosis? Yes ☐ No ☐

(if yes) Did your patient have disease progression with the previous treatment? Yes ☐ No ☐

(if breast, chordoma, solid tumors OR chondrosarcoma, osteosarcoma [not MSI-H/dMMR]) Are there any satisfactory alternative options available for treatment? Yes ☐ No ☐

(if breast, NOT TMB-H or MSI-H/dMMR) Does your patient have PD-L1 positive, triple negative disease? Yes ☐ No ☐
(if PD-L1+, triple negative) Does your patient have recurrent or stage IV (M1) disease? Yes ☐ No ☐
(if PD-L1+, triple negative) Is/Will this medication (be)ing used in combination with either albumin-bound paclitaxel, paclitaxel, OR gemcitabine with carboplatin? Yes ☐ No ☐
(if PD-L1+, triple negative) How is this medication being used in this patient?
☐ as preferred first-line therapy
☐ as second or subsequent lines of therapy
☐ unknown
(if second or subsequent lines of therapy) Has a PD-L1 inhibitor previously been used in this patient? Yes ☐ No ☐

(if cervical and received chemo before) Did your patient have disease progression while on or after chemotherapy? Yes ☐ No ☐

(if CRC) Does your patient have unresectable, advanced, or metastatic disease? Yes ☐ No ☐
(if CRC) Which of the following best describes how this medication is being used in your patient?
☐ first-line therapy or initial treatment in patient that are not appropriate for intensive therapy
☐ subsequent therapy (has previously used other medication for this diagnosis)
☐ unknown
(if subsequent) Has your patient been previously treated with an oxaliplatin-based chemotherapy regimen? Yes ☐ No ☐

(if esophageal or GEJ carcinoma) Does your patient have metastatic or locally advanced disease? Yes ☐ No ☐
(if esophageal or GEJ carcinoma) Is the disease amenable to surgical resection or definitive chemoradiation? Yes ☐ No ☐
(if esophageal or GEJ carcinoma) How is the requested medication to be used in this patient?
☐ in combination with platinum (carboplatin, cisplatin)- and fluoropyrimidine (capecitabine [Xeloda], fluorouracil [5-FU, Adrucil])-based chemotherapy
☐ as a single agent
☐ neither of the above

(if endometrial, ESCC OR esophageal or GEJ carcinoma single agent) Has this patient been treated with any systemic therapy for this diagnosis BEFORE this medication? Yes ☐ No ☐
(if esophageal or GEJ carcinoma, single agent) Does the patient have tumors of squamous cell histology? Yes ☐ No ☐
(if esophageal or GEJ carcinoma, single agent) Does the patient have tumors that express PD-L1? Note: You may answer yes if there is an indication that the patient has a CPS (combined positive score) greater than or equal to 1 on the immunohistochemistry (IHC) results. Yes ☐ No ☐
(if endometrial or ESCC AND previous systemic therapy) Did your patient have progression of disease after prior systemic therapy? Yes ☐ No ☐
(if endometrial or RCC) Does your patient have advanced disease? Yes ☐ No ☐
(if endometrial) Will Keytruda be used in combination with Lenvima (lenvatinib)? Yes ☐ No ☐
(if endometrial) Has your patient undergone immunohistochemistry (IHC) or microsatellite instability (MSI) testing)? Yes ☐ No ☐
(if yes) What were the results?
☐ deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H)
☐ proficicent mismatch repair (pMMR) or microsatellite instability-low or stable (MSI-low or MSI-stable)
(if endometrial) Is your patient a candidate for curative surgery or radiation? Yes ☐ No ☐

(if ESCC) Does your patient have recurrent, locally advanced or metastatic disease? Yes ☐ No ☐

(if MCC or gastric/gastroesophageal junction adenocarcinoma) Does your patient have recurrent locally advanced or metastatic disease? Yes ☐ No ☐
(if gastric/gastroesophageal junction adenocarcinoma) Does your patient have tumors that express PD-L1 as determined by an FDA-approved test? Notes: You may answer yes if there is an indication that the patient has a CPS (combined positive score) greater than or equal to 1 on immunohistochemistry (IHC) results. Yes ☐ No ☐
(if gastric/GEJ adenocarcinoma, no PD-L1) Does your patient have HER2 positive disease? Yes ☐ No ☐
(if gastric/GEJ adenocarcinoma [HER2 positive] OR RCC) Is this the first treatment your patient has received for this diagnosis? Yes ☐ No ☐
(if gastric/GEJ adenocarcinoma [HER2 positive]) Is/Will this medication be(ing) used in combination with trastuzumab (Herceptin, Herzuma, Kanjinti, Ogivri, Ontruzant, Trazimera), fluoropyrimidine (capecitabine [Xeloda], fluorouracil [5-FU, Adrucil])- and platinum-containing (carboplatin, cisplatin) chemotherapy? Yes ☐ No ☐

(if HCC) Has your patient previously been treated with sorafenib (Nexavar)? Yes ☐ No ☐

(if HL) Which of the following applies to your patient?
☐ patient is older than 60 years
☐ patient is 18-60 years
☐ patient is less than 18 years
(if HL and 60+) Is this medication being used as palliative therapy? Yes ☐ No ☐
(if HL and 18-60 OR not palliative therapy) Does this patient have relapsed or refractory disease? Yes ☐ No ☐
(if HL and under 18) Does your patient have relapsed or refractory disease? Yes ☐ No ☐
(if HL and under 18) Has your patient been previously treated with a chemotherapy regimen? Yes ☐ No ☐
(if HL and under 18) Was your patient heavily pretreated with platinum or anthracycline-based chemotherapy? Yes ☐ No ☐
(if not heavily pretreated) Does your patient have decreased cardiac function? Yes ☐ No ☐
(if no decreased cardiac function) Has your patient relapsed after 2 or more prior lines of therapy? Yes ☐ No ☐

(if melanoma, no brain mets)) Does your patient have unresectable or metastatic disease? Yes ☐ No ☐

(if melanoma no brain mets and not unresectable or metastatic) Is Keytruda being used for adjuvant treatment for disease with involvement of lymph node(s) following complete resection? Yes ☐ No ☐

(if cervical or cSCC) Does your patient have recurrent or metastatic disease? Yes ☐ No ☐

(if cSCC) Is the disease curable by surgery or radiation? Yes ☐ No ☐

(if SCCHN) Does your patient have metastatic or unresectable, recurrent disease? Yes ☐ No ☐

(if SCCHN) Is Keytruda being used as first-line therapy? Yes ☐ No ☐

(if first-line) Will Keytruda be used in combination with platinum-containing chemotherapy (carboplatin, cisplatin) and fluorouracil (FU)? Yes ☐ No ☐

(if not in combo with platinum and FU chemo) Is your patient's cancer expressing PD-L1? Note: You may answer yes if there is an indication that the patient has a CPS (combined positive score) greater than or equal to 1 on immunohistochemistry (IHC) results. Yes ☐ No ☐

(if not first-line therapy) Did your patient have disease progression on or after treatment with platinum-containing chemotherapy (carboplatin, cisplatin)? Yes ☐ No ☐

(if not PD-L1 or no progression on platinum) Do either of the following situations apply to your patient?

- ☐ locoregional recurrence
- ☐ unfit for surgery
- ☐ neither of the above

(if neither of the above) What is your patient's performance status (PS)?

- ☐ PS 0
- ☐ PS 1
- ☐ PS 2
- ☐ PS 3
- ☐ PS 4
- ☐ unknown

(if PS 0-2) Has your patient received prior radiation therapy? Yes ☐ No ☐

(if prior radiation therapy) Does your patient have either of the following?

- ☐ locoregional recurrence
- ☐ second primary malignancy
- ☐ neither of the above

(if PD-L1 or disease progression w/platinum) Is Keytruda being used as single-agent therapy? Yes ☐ No ☐

(if no brain mets and NSCLC) Is Keytruda being used for first-line therapy or subsequent (after-first line) therapy?

- ☐ first-line therapy
- ☐ subsequent therapy
- ☐ unknown

(if anal carcinoma or NSCLC 1st line) Does your patient have metastatic disease? Yes ☐ No ☐

(if first-line, metastatic NSCLC) Which subtype of NSCLC does your patient have?

- ☐ non-squamous (includes adenocarcinoma, large cell carcinoma, other types)
- ☐ squamous
- ☐ unknown

(if squamous) Is/Was Keytruda (being) used in combination with carboplatin AND either paclitaxel or Abraxane for the first 4 cycles of therapy? Yes ☐ No ☐

(if cervical ESCC or non-squamous NSCLC Is your patient's cancer expressing PD-L1? Note: You may answer yes if there is an indication that the patient has a CPS (combined positive score) greater than or equal to 1 on the immunohistochemistry (IHC) results. Yes ☐ No ☐

(if non-squamous NSCLC) Is/Was Keytruda (being) used in combination with Alimta (pemetrexed) and carboplatin for the first 4 cycles of therapy? Yes ☐ No ☐

(if unknown subtype OR squamous NSCLC and not in combo w/carboplatin and paclitaxel or Abraxane) Do your patient's tumors express PD-L1? Note: You may answer yes if there is an indication that the patient has a CPS (combined positive score) greater than or equal to 1 on the immunohistochemistry (IHC) results. Yes ☐ No ☐

(if first-line NSCLC, not in combo w/carboplatin and paclitaxel or Abraxane OR Alimta and carboplatin, PD-L1+) Which applies to your patient's cancer?

- ☐ tumors are ALK-negative, EGFR-negative, AND ROS1-negative
- ☐ tumors are ALK-positive OR EGFR-positive
- ☐ tumors are ALK-negative, EGFR-negative AND either ROS1-positive or unknown
- ☐ unknown/genetic testing not done

(if ALK-negative and EGFR-negative and either ROS1-positive or unknown NSCLC) What is your patient's cancer stage?

- ☐ stage 1 (I)
- ☐ stage 2 (II)
- ☐ stage 3 (III)
- ☐ stage 4 (IV)
- ☐ unknown

(if no brain mets NSCLC and subsequent therapy) Does your patient have metastatic disease? Yes ☐ No ☐

(if metastatic NSCLC subsequent therapy) Is your patient's cancer expressing PD-L1? Note: You may answer yes if there is an indication that the patient has a CPS (combined positive score) greater than or equal to 1 on the immunohistochemistry (IHC) results. Yes ☐ No ☐

(if metastatic NSCLC subsequent therapy, PD-L1+) Which applies to your patient's cancer?
☐ tumors are ALK-negative, EGFR-negative AND ROS1-negative
☐ tumors are ALK-positive, EGFR-positive, or ROS1-positive
☐ unknown/genetic testing not done

(if all negative) Had your patient previously received carboplatin or cisplatin chemotherapy? Yes ☐ No ☐

(if positive) Does your patient have ALK-positive disease? Yes ☐ No ☐

(if ALK-positive) Has your patient previously been treated with either alectinib (Alecensa), ceritinib (Zykadia), or crizotinib (Xalkori)? Yes ☐ No ☐

(if positive) Does your patient have EGFR-positive disease? Yes ☐ No ☐

(if EGFR-positive) Has your patient previously been treated with any of the following: afatinib (Gilotrif), erlotinib (Tarceva), gefitinib (Iressa), or osimertinib (Tagrisso)? Yes ☐ No ☐

(if positive) Does your patient have ROS1-positive disease? Yes ☐ No ☐

(if ROS1-pos) Had your patient previously been treated with crizotinib (Xalkori)? Yes ☐ No ☐

(if NOT metastatic, first-line NSCLC) Is your patient's cancer expressing PD-L1? Note: You may answer yes if there is an indication that the patient has a CPS (combined positive score) greater than or equal to 1 on the immunohistochemistry (IHC) results. Yes ☐ No ☐

(if expressing PD-L1) What is your patient's cancer stage?
- ☐ stage 1 (I)
- ☐ stage 2 (II)
- ☐ stage 3 (III)
- ☐ stage 4 (IV)
- ☐ unknown

(if stage III) Which applies to your patient's cancer?
- ☐ Tumors are ALK-negative AND EFGR-negative
- ☐ Tumors are ALK-positive, EGFR-negative
- ☐ Tumors are ALK-negative, EGFR-positive
- ☐ Tumors are ALK-positive AND EGFR-positive
- ☐ unknown/genetic testing not done

(if ALK and EGFR negative) Is your patient a candidate for surgical resection or definitive chemoradiation? Yes ☐ No ☐

(if CLL/SLL) Does your patient have the del(17p)/TP53 mutation? Yes ☐ No ☐

(if CLL/SLL) Is your patient refractory to chemotherapy and unable to receive chemoimmunotherapy? Yes ☐ No ☐

(if GTN) Does your patient have recurrent or progressive disease? Yes ☐ No ☐

(if GTN) Was your patient previously treated with a platinum/etoposide-containing regimen? Yes ☐ No ☐

(if NMIBC) Is your patient's disease considered high-risk, with carcinoma in situ (CIS)? Yes ☐ No ☐

(if NMIBC) Has your patient tried Bacillus Calmette-Guerin (BCG) treatment? Yes ☐ No ☐

(if yes) Was your patient considered unresponsive to treatment with Bacillus Calmette-Guerin (BCG)? Yes ☐ No ☐

(if no) Please explain why BCG was not tried. _____

(if NMIBC) Does your patient have papillary tumors? Yes ☐ No ☐

(if NMIBC) Is your patient eligible to undergo cystectomy?
☐ No
☐ Yes, but have elected NOT to undergo cystectomy
☐ Yes or Unknown

(if PMBCL, T-cell lymphoma, Extranodal NK/T-Cell Lymphoma [nasal type]) Does your patient have relapsed or refractory disease? Yes ☐ No ☐

(if RCC) Will your patient use Keytruda in combination with axitinib (Inlyta)? Yes ☐ No ☐

(if thymic carcinoma) Which of the following applies to your patient?
☐ unresectable disease following first-line chemotherapy for potentially resectable locally advanced disease, solitary metastasis, or ipsilateral pleural metastasis
☐ extrathoracic metastatic disease
☐ neither of the above

(if UCC) Does your patient have locally advanced or metastatic disease? Yes ☐ No ☐

(if SCLC or UCC) Did your patient try platinum-based chemotherapy (carboplatin, cisplatin) and have disease progression during or after treatment with it? Yes ☐ No ☐

(if no) Is your patient able to use a cisplatin-containing chemotherapy regimen? Yes ☐ No ☐

Additional Pertinent Information: *(including 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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