

What is your patient's diagnosis?

- bladder cancer
- cervical cancer
- epithelial ovarian cancer
- fallopian tube cancer
- mesothelioma
- non-small cell lung cancer (NSCLC)
- primary CNS lymphoma (PCNSL)
- primary peritoneal cancer
- thymic carcinoma
- other (please specify):

Clinical Information

****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.**

(if **bladder**) 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

(if **bladder**) Is this medication being given as single-agent therapy?

Yes No

(if **cervical**) Does your patient have recurrent or metastatic disease?

Yes No

(if **cervical**) Has your patient previously been treated with chemotherapy for this diagnosis?

Yes No

(if **cervical**) 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

(if **epithelial ovarian, fallopian tube, primary peritoneal**) Is this medication being given as single-agent therapy?

Yes No

(if **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 will/is this medication be(ing) used in this patient?

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

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

- advanced disease
- locally advanced disease
- metastatic disease
- other or unknown

(if prior chemo, advanced disease) Will/Is this medication be(ing) used as maintenance therapy?

Yes No

(if prior chemo, advanced disease) Was platinum-based (carboplatin, cisplatin) chemotherapy part of the first treatment given for this disease?

Yes No

(if prior chemo, advanced disease with platinum-based first-line) Did your patient receive at least 4 cycles of therapy? Yes No

(if prior chemo, advanced disease with platinum-based first line chemo at least 4 cycles) Did your patient experience disease progression after 4 cycles of therapy?

Yes No

(if prior chemo, in combo with Keytruda only) Was Keytruda used as part of the first therapy given for this disease?

Yes No

(if prior chemo, Keytruda part of initial therapy) Will/Is this medication be(ing) used as maintenance therapy?

Yes No

(if prior chemo, Keytruda part of initial therapy) Does your patient have advanced or metastatic disease?

Yes No

(if prior chemo, Keytruda part of initial therapy) Was platinum-based (carboplatin, cisplatin) chemotherapy part of the first treatment given for this disease?

Yes No

(if prior chemo, Keytruda initial therapy, platinum-based first-line) Did your patient receive at least 4 cycles of therapy? Yes No

(if prior chemo, Keytruda initial therapy, platinum-based first-line chemo at least 4 cycles) Did your patient experience disease progression after 4 cycles of therapy?

Yes No

(if no prior chemo) How will/is this medication be(ing) 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 **PCNSL**) Has your patient previously been treated with chemotherapy for this diagnosis?

Yes No

(if **PCNSL**) Does your patient have progressive or recurrent disease?

Yes No

(if **PCNSL**) 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

(if **thymic**) Is this medication being given as single-agent therapy?

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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