Excellus

Oncology
(Health Professional Administered)
Medical Benefit

Specialty Medication Review Program

Complete and fax this form to:

Specialty Review Unit
Fax: 1-800-306-0188
Phone: 1-800-499-1275

If you are not **buying and billing** this medication, please indicate the specialty pharmacy you will be using:

☐ **Accredo Health**
Fax: 1-888-773-7386
Phone: 1-866-413-4137

☐ **Walgreens Specialty Pharmacy**
Fax: 1-866-435-2173
Phone: 1-866-435-2171

Complete all the following Patient/Prescriber information: (Please Print)

Patient Information	
Patient Name:	Patient Phone #: ( )
Patient ID #:	Patient Birthdate:
List Patient Allergy (If Any):	
Prescriber Information	
Prescriber Name:	Prescriber Specialty:
Prescriber Address:	
Prescriber Phone #:	Prescriber Fax #:
Prescriber NPI #:	Office Contact: Extension:

Location of Infusion:
☐ **Prescriber office** ☐ **Home/Homecare agency:** _____
☐ **Outpatient facility** ☐ **Other:** _____

Servicing Prescriber NPI (if different from the ordering prescriber):

Provide address of infusion location above for medication shipping:

Medication/Medical & Dispensing Information for the product being requested:

☐ Abecma (Q2055)	☐ Abraxane (J9264)	☐ Adcetris (J9042)	☐ Adstiladrin (J9029)	☐ Amtagvi (J9999) (NOC)
☐ Anktiva (J9028)	☐ Arzerra (J9302)	☐ Asparlas (J9118)	☐ Aucatzyl C9301	☐ Axtle (J9292)
☐ Beleodaq (J9032)	☐ Belrapzo (J9036)	☐ Bendamustine HCL (J9036) (Apotex505(b)(2))	☐ Bendamustine HCL (J9036) (Baxter 505(b)(2))	☐ Bendamustine HCL (J9033) (generic Treanda)
☐ Bendeka (J9034)	☐ Besponsa (J9229)	☐ Bizengri	☐ Blincyto (J9039)	☐ Boruzo (J9054)
☐ Breyanzi (Q2054)	☐ Camcevi (J1952)	☐ Carvykti (Q2056)	☐ Columvi (J9286)	☐ Cyramza (J9308)
☐ Danyelza (J9348)	☐ Darzalex (J9145)	☐ Darzalex Faspro (J9144)	☐ Datroway (J9999) (NOC)	☐ Docivyx (J9172)
☐ Elahere (J9063)	☐ Elitek (J2783)	☐ Elrexfio (J1323)	☐ Elzonris (J9269)	☐ Empliciti (J9176)
☐ Enhertu (J9358)	☐ Epkinly (J9321)	☐ Erwinaze (J9019)	☐ Folotyn (J9307)	☐ Fyarro (J9331)
☐ Gazyva (J9301)	☐ Hepzato Kit (J9248)	☐ Imdelltra (J9026)	☐ Infugem (J9198)	☐ Istodax (J9319)
☐ Ivra (J9999) (NOC)	☐ Jelmyto (J9281)	☐ Kadcyla (J9354)	☐ Kimmtrak (J9274)	☐ Kymriah (Q2042)
☐ Kyprolis (J9047	☐ Lartruvo (J9285)	☐ Leuprolide Depot (J1954)	☐ Lumoxiti (J9313)	☐ Lunsumio (J9350)
☐ Margenza (J9353)	☐ Monjuvi (J9349)	☐ Mylotarg (J9203)	☐ Niktimvo (J9038)	☐ Omisirge (J9999) (NOC)
☐ Oncaspar (J9266)	☐ Onivyde (J9205)	☐ Paclitaxel (J9264) (generic Abraxane)	☐ Paclitaxel (J9264) (American Agent 505(b)(2))	☐ Paclitaxel (J9264) (Teva 505(b)(2))
☐ Padcev (J9177)	☐ Pedmark (J0208)	☐ Pemfexy (J9304)	☐ Pemrydi RTU (J9324)	☐ Phesgo (J9316)
☐ Polivy (J9309)	☐ Portrazza (J9295)	☐ Posfrea (J2468)	☐ Poteligeo (J9204)	☐ Pralatrexate (J9307)
☐ Provenge (Q2043)	☐ Romidepsin (J9319) (generic Istodax)	☐ Romidepsin (J9319) (branded)	☐ Rybrevant (J9061)	☐ Rylaze (J9021)
☐ Rytelo (J0870)	☐ Sarclisa (J9227)	☐ Talvey (J3055)	☐ Tecartus (Q2053)	☐ Tecelra (Q2057)
☐ Tecvayli (J9380)	☐ Temsirolimus (generic Torisel) (J9330)	☐ Tivdak (J9273)	☐ Torisel (J9330)	☐ Treanda (J9033)
☐ Trodelvy (J9317)	☐ Vectibix (J9303)	☐ Vivimusta (J9056)	☐ Vyloy (C9303)	☐ Vyxeos (J9153)
☐ Xgeva (J0897)	☐ Yescarta (Q2041)	☐ Yondelis (J9352)	☐ Zaltrap (J9400)	☐ Zepzelca (J9223)
☐ Ziihera (C9302)	☐ Zynlonta (J9359)			

Dose	Frequency	Height	Weight (lbs./kg)	Procedure Code

1. Provide diagnosis/ICD-10:
2. Disease Status: ☐ Treatment Naïve ☐ Relapsed ☐ Refractory ☐ Other
3. Is this request for a: ☐ New Start ***OR*** ☐ Continuation of Therapy (**Recertification**) Start date**:** _____
   ☐ **Regimen**: _____
4. Is this therapy being used in combination with any other therapies? ☐ **YES** ☐ **NO**
   If so, please list a. _____ b. _____ c. _____

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Questions/Indications for Medical Necessity	
See the **Oncology CRPA Medical Drugs policy or the **CAR-T Therapy** policy for drug specific PA criteria** ****Include recent progress notes and relevant lab/radiology reports with all requests. Include clinical literature to support if being prescribed for off label use.** Failure to submit clinical information may delay review of this request.	
5. Is the prescriber one of the following? ☐ **Oncologist** ☐ **Hematologist**	☐ **YES** ☐ **NO**
6. Has this patient had failure/intolerance to other therapies for this diagnosis? If so, please list a. _____ b. _____ c. _____	
7. If this request is for **Kyprolis**, does this patient have a medical reason why Velcade cannot be used?	☐ **YES** ☐ **NO**
8. If this request is for **Camcevi** or **Leuprolide Acetate Depot**, does this patient have a medical reason why Eligard or Lupron Depot cannot be used?	☐ **YES** ☐ **NO**
9. If this request is for **Vivimusta**, does the patient have medical reasons why generic an alternative bendamustine cannot be used?	☐ **YES** ☐ **NO**
10. If requesting **Abraxane** or **paclitaxel protein-bound particles**, does the patient have medical reasons why conventional paclitaxel/Taxol cannot be used?	☐ **YES** ☐ **NO**
11. If this request is for **Infugem**, does this patient have a medical reason why Gemzar/gemcitabine cannot be used?	☐ **YES** ☐ **NO**
12. If this request is for **Pemfexy or Pemrydi RTU**, does this patient have a medical reason why Alimta/pemetrexed cannot be used?	☐ **YES** ☐ **NO**
13. If this request is for **Vectibix**, does the patient have a medical reason why Erbitux/cetuximab cannot be used?	☐ **YES** ☐ **NO**
14. If this request is for **Docivyx**, does the patient have a medical reason why docetaxel (Taxotere) cannot be used?	☐ **YES** ☐ **NO**
15. If this request is for Anktiva, does the patient have a medical reason why Adstiladrin and/or Keytruda cannot be used?	☐ **YES** ☐ **NO**
16. If this request is for **Boruzo**, does the patient have hypersensitivity, intolerable side effects, or contraindication to bortezomib?	☐ **YES** ☐ **NO**
17. If this request is for **Ivra**, does the patient have hypersensitivity, intolerable side effects, or contraindication to melphalan?	☐ **YES** ☐ **NO**

***Prescriber Signature:** _____ **Date:** _____

I certify the above information is true and accurate to the best of my knowledge.