

Medical prior authorization form

Fax completed form to: 877.974.4411 toll free, or 616.942.8206

This form applies to: **Commercial (Traditional)** **Commercial Individual (Optimized)**

Medicaid

This request is: **Urgent** (life threatening) **Non-Urgent** (standard review)

Urgent means the standard review time may seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.

Opdivo[®] (nivolumab)

Member

Last Name: _____ First Name: _____

ID #: _____ DOB: _____ Gender: _____

Primary Care Physician: _____

Requesting Physician: _____ Phys. Phone: _____ Phys. Fax: _____

Physician Address: _____

Physician NPI: _____ Contact Name: _____

Provider Signature: _____ Date: _____

Product and Billing Information

New Request Continuation Request

Drug product: Opdivo 100 mg/10mL
 Opdivo 40 mg / 4 mL solution

Start date: _____

Date of last dose: _____

Date of next dose: _____

Dose: _____ Dose Frequency: _____

Height: _____ Weight: _____

Place of administration: Physician's office
 Outpatient infusion

Facility: _____ NPI: _____ Fax: _____

Home infusion

Facility: _____ NPI: _____ Fax: _____

Billing: Physician to buy and bill
 Facility to buy and bill
 Specialty Pharmacy

Pharmacy: _____ NPI: _____ Fax: _____

ICD-10 Diagnosis code(s): _____

Drug cost information

The wholesale acquisition cost for each 10 mg dose of Opdivo is \$239.80. The cost of treatment with this drug will vary depending on the patient's circumstances. Each one-year treatment is likely to be more than \$149,600.

Precertification Requirements

Patient must have one of the following diagnoses and meet listed criteria:

1. Unresectable or metastatic melanoma. For Opdivo + Yervoy requests, must have first tried Opdivo or Keytruda as individual agents;
2. Metastatic non-small cell lung cancer (NSCLC) that has progressed with previous platinum-based chemotherapy and EGFR or ALK targeted therapies for EGFR or ALK mutated disease;
3. Adjuvant treatment of melanoma with lymph node involvement/metastatic disease after undergoing complete resection
4. Advanced renal cell carcinoma that has progressed after anti-angiogenic therapy;
5. Advanced renal cell carcinoma in poor to intermediate risk disease in combination with Yervoy;
6. Advanced renal cell carcinoma in favorable risk disease in combination with Yervoy: must have first tried Sutent (sunitinib) or Votrient (pazopanib);
7. Hodgkin lymphoma that progressed or relapsed after autologous stem cell transplantation and post-transplant brentuximab vedotin (Adcetris).
8. Metastatic squamous cell head and neck cancer (non-nasopharyngeal) with disease progression on or after platinum-containing chemotherapy, not amendable to surgery.
9. Locally advanced or metastatic urothelial carcinoma, in patients with disease progression on or following platinum-containing chemotherapy, or within 12 months of neoadjuvant or adjuvant platinum-containing chemotherapy.
10. Microsatellite instability-high (MSI-H) or mismatch repair deficient (dMMR) metastatic colorectal cancer, that has progressed after treatment with a fluoropyrimidine-, oxaplatin-, and/or irinotecan-based therapy.
11. Hepatocellular carcinoma previously treated with sorafenib (Nexavar[®]), (Child-Pugh Class A or B7 only)

Requests for any condition not listed as covered require evidence of current medical literature that substantiates the drug's efficacy or that recognized oncology organizations generally accept the treatment for the condition.

Priority Health Precertification Documentation

What condition is this drug being requested for?

- Unresectable or metastatic melanoma
- Metastatic non-small cell lung cancer (NSCLC)
- Adjuvant treatment of melanoma with lymph node involvement/metastatic disease after undergoing complete resection
- Advanced renal cell carcinoma
- Classical Hodgkin lymphoma
- Metastatic squamous cell head and neck cancer (non-nasopharyngeal)
- Locally advanced or metastatic urothelial carcinoma
- Metastatic colorectal cancer (MSI-H or dMMR)
- Hepatocellular carcinoma
- Other – rationale for use: _____

For Unresectable or metastatic melanoma:

A. Does the patient have BRAF v600 mutation positive unresectable or metastatic melanoma?

- Yes
- No

B. If BRAF v600 mutation positive, what prior therapies have been tried?

_____ Dates: _____
 _____ Dates: _____

C. If this is a request for Opdivo + Yervoy combination therapy, please indicate what prior therapies have been tried:

_____ Dates: _____
 _____ Dates: _____

For adjuvant treatment of melanoma with lymph node involvement/metastatic disease after undergoing complete resection:

A. Has the patient undergo a complete resection?

- Yes
- No

For metastatic NSCLC:

A. Please indicate which of the following best describe the patient's disease type:

- EGFR mutation-positive metastatic NSCLC
- ALK mutation-positive metastatic NSCLC
- Metastatic NSCLC without EGFR or ALK mutations

B. Please provide which therapies have been tried:

_____ Dates: _____
 _____ Dates: _____

C. Does the member have squamous NSCLC or non-squamous NSCLC?

- Squamous NSCLC
- Non-squamous NSCLC
- Unknown; *rationale*: _____

For metastatic renal cell carcinoma:

A. Please provide which anti-angiogenic therapies have been tried:

_____ Dates: _____
 _____ Dates: _____

For classical Hodgkin lymphoma:

A. Has the patient relapsed or progressed after autologous hematopoietic stem cell transplant AND post-transplantation brentuximab vedotin (Adcetris)?

- Yes
- No

For metastatic squamous cell head and neck cancer:

A. Does the patient have nasopharyngeal cancer?

- Yes
- No

B. Please provide which therapies have been tried:

_____ Dates: _____
 _____ Dates: _____

C. Is patient a candidate for surgery?

- Yes
- No

For locally advanced or metastatic urothelial carcinoma:

A. Please provide which therapies have been tried:

_____ Dates: _____
 _____ Dates: _____

For metastatic colorectal cancer (MSI-H/dMMR):

A. Please provide which therapies have been tried:

Drug: _____ Dates: _____
 Drug: _____ Dates: _____

For hepatocellular carcinoma:

A. Has the patient been previously treated with sorafenib (Nexavar®)?

- Yes
- No

B. Please provide Child-Pugh Class _____