



- Individual has experienced hypersensitivity reactions after receiving paclitaxel or docetaxel despite premedication
- Standard hypersensitivity medications are contraindicated
- Other:

**(3) Ovarian Cancer (Epithelial Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer)**

- Will be given for epithelial ovarian cancer
- Will be given for fallopian tube cancer
- Will be given for primary peritoneal cancer
  
- Will be given as single agent
  - Progressive, stable, or persistent disease on primary chemotherapy
  - Relapse after complete remission following primary chemotherapy
  - Stage II-IV disease showing partial response to primary treatment
  - Other:
- Other:

**(4) Other Use(s)** (Please submit all supporting documents including labs, progress notes, imaging, etc., for review.)

\_\_\_\_\_

---

This request is being submitted:

- Pre-Claim
- Post-Claim. If checked, please attach the claim or indicate the claim number \_\_\_\_\_

I attest the information provided is true and accurate to the best of my knowledge. I understand that the health plan or its designee may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

\_\_\_\_\_/ /  
Name & Title of Provider or Provider Representative Completing Form Date  
& attestation (Please Print)\*

**\*The attestation fields must be completed by a provider or provider representative in order for the tool to be accepted**

---

Anthem UM Services, Inc., a separate company, is the licensed utilization review agent that performs utilization management services on behalf of your health benefit plan or the administrator of your health benefit plan.