

- Will be given as adjuvant treatment
 - Individual has stage III colon cancer after complete resection of the primary tumor
 - Will be given in combination with infusional fluorouracil (5FU) and leucovorin
 - Other: _____
 - Individual has T3 with localized perforation or close, indeterminate, or positive margins
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in FLOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Other: _____
 - Individual has T1-4, N1-2, M0 disease
 - Will be given in CapeOX (capecitabine and oxaliplatin) regimen
 - Other: _____
 - Individual has metachronous metastases
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine and oxaliplatin)
 - Other: _____

- Will be given as neoadjuvant treatment
 - Individual with synchronous liver or lung metastases
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine and oxaliplatin)
 - Other: _____
 - Individual with resectable metachronous metastases
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine and oxaliplatin)
 - Other: _____

- Will be given as primary treatment
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Individual with unresectable synchronous liver or lung metastases
 - Individual with synchronous abdominal/peritoneal metastases
 - Individual with unresectable metachronous metastases
 - Other: _____
 - Will be given in CapeOX regimen (capecitabine and oxaliplatin)
 - Individual with unresectable synchronous liver or lung metastases
 - Individual with synchronous abdominal/peritoneal metastases
 - Individual with unresectable metachronous metastases
 - Other: _____

- Will be given as initial treatment for individual with unresectable advanced or metastatic disease who can tolerate intensive therapy
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine and oxaliplatin)
 - Will be given as FOLFOXIRI (fluorouracil, leucovorin, oxaliplatin, and irinotecan) regimen
 - Other: _____

- Will be given for disease progression for individual with unresectable advanced or metastatic disease (check all that apply):
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine and oxaliplatin)
 - After first progression
 - Will be given with bevacizumab (Avastin®)
 - Avastin® was not given as initial therapy
 - Other: _____
 - Will be given with Irinotecan
 - Other: _____

3. Esophageal Cancer

- Individual has been diagnosed with esophageal cancer. (If checked, please check the following that apply):
 - Will be used as preoperative chemotherapy.
 - Individual has adenocarcinoma of distal esophagus or gastroesophageal (GE) junction
 - Individual has resectable locoregional disease (Stage I – III or Stage IVA)
 - Will be a component of a modified ECF (epirubicin, oxaliplatin, and fluorouracil or capecitabine) regimen
 - Individual is medically fit
 - Other: _____
 - Will be used as postoperative therapy.
 - Individual has adenocarcinoma of distal esophagus or gastroesophageal (GE) junction

- Individual has node negative T2 or T3 adenocarcinoma
- Individual has received preoperative modified ECF therapy for resectable locoregional disease (Stage I–III or Stage IVA)
- Will be a component of a modified ECF (epirubicin, oxaliplatin, and fluorouracil or capecitabine) regimen
- Other: _____
- Will be used as palliative therapy.
 - Individual has squamous cell disease or adenocarcinoma
 - Will be a component of a modified ECF (epirubicin, oxaliplatin, and fluorouracil or capecitabine) regimen
 - Will be used for persistent local disease (no metastases) or unresectable or metastatic disease
 - Used following initial treatment for resectable locoregional disease (Stage I – III or Stage IVA)
 - Individual is medically fit
 - Will be used for local or regional recurrence
 - Individual has had surgery
 - Individual has had no prior chemoradiation
 - Will be used for metastatic disease
 - Individual Karnofsky performance score is greater than or equal to 60%
 - Individual ECOG performance score is less than or equal to 2
 - Other: _____

4. Testicular Cancer

- Individual has been diagnosed with testicular cancer (nonseminoma; seminoma). (If checked, please check the following that apply):
 - Will be used as palliative chemotherapy
 - Will be used after second-line or high-dose chemotherapy regimens
 - Will be used in combination with gemcitabine
 - Other: _____

5. Ovarian Cancer

- Individual has been diagnosed with ovarian cancer (including epithelial ovarian cancer, fallopian tube cancer, primary peritoneal cancer). (If checked, please check the following that apply):
 - Will be used for recurrence therapy
 - Will be used as a single agent
 - Individual has Stage II-IV disease showing partial response to primary treatment
 - Individual has progressive, stable or persistent disease on primary chemotherapy
 - Individual has had relapse after being in complete remission for 6 or more months following primary chemotherapy
 - Other: _____

6. Non-Hodgkin's Lymphoma

- Individual has been diagnosed with Non-Hodgkin's Lymphoma. (If checked, please check the following that apply):
 - Individual has chronic lymphocytic leukemia / small lymphocytic lymphoma (CLL/SLL)
 - Disease is relapsed or refractory
 - Will be given as a component of OFAR (Oxaliplatin, Fludarabine, Cytarabine and Rituximab)
 - Individual with del (17p)
 - Individual without del (17p)
 - Individual has had a short response (less than 2 years) to first line therapy
 - Individual less than 70 years of age
 - Individual age 70 or older without significant comorbidities
 - Other: _____
 - Will be used as second line chemotherapy
 - Individual has AIDS related B-cell lymphoma
 - Individual with AIDS related diffuse large B-cell lymphoma
 - Individual with primary effusion lymphoma
 - Individual with lymphoma associated with Castleman's disease
 - Disease is relapsed
 - Will be given as a component of a GemOX regimen (gemcitabine & oxaliplatin)
 - Individual has diffuse large B-cell lymphoma.
 - Disease is relapsed or refractory
 - Will be given as a component of GemOX regimen (gemcitabine & oxaliplatin)
 - Individual has follicular lymphoma and nodal marginal zone lymphoma
 - Disease is refractory or progressive
 - Will be given as a component of a GemOX regimen (gemcitabine & oxaliplatin)
 - Individual has mantle cell lymphoma.
 - Disease is relapsed, refractory or progressive
 - Will be given as a component of a GemOX regimen (gemcitabine & oxaliplatin)
 - Individual has **gastric** MALT lymphoma.
 - Disease is recurrent or progressive
 - Will be given as a component of a GemOX regimen (gemcitabine & oxaliplatin)
 - Individual has **non-gastric** MALT lymphoma
 - Disease is recurrent (stage I – II) disease or progressive
 - Will be given as a component of a GemOX regimen (gemcitabine & oxaliplatin)

- Individual has splenic marginal zone lymphoma.
 - Disease is progressive
 - Will be given as a component of a GemOX regimen (gemcitabine & oxaliplatin)
- Individual has primary cutaneous B-cell lymphoma
 - Will be given as a component of a GemOX regimen (gemcitabine & oxaliplatin)
 - Primary cutaneous marginal zone or follicle center B-cell refractory generalized cutaneous disease
 - Relapsed generalized extracutaneous disease
 - Relapsed or refractory primary cutaneous diffuse large B-cell lymphoma, leg type
 - Intention to proceed to high-dose therapy with autologous stem cell rescue
- Individual has peripheral T-Cell lymphoma
 - Will be given as a component of a GemOX regimen (gemcitabine & oxaliplatin)
 - Disease is relapsed or refractory
 - Individual is candidate for transplant
 - Angioimmunoblastic T-cell lymphoma
 - Peripheral T-cell lymphoma, not otherwise specified
 - Anaplastic large cell lymphoma
 - Enteropathy-associated T-cell lymphoma

Other: _____

Other: _____

7. Hepatobiliary Adenocarcinomas

Individual has been diagnosed with hepatobiliary adenocarcinoma. (If checked, please check the following that apply):

- Individual has extrahepatic cholangiocarcinoma.
 - Will be given in combination with capecitabine, fluorouracil or gemcitabine
 - Will be given as primary treatment
 - For unresectable or metastatic disease
 - Will be given as secondary or adjuvant treatment
 - For resected disease with positive regional lymph nodes

Other: _____

- Individual has gallbladder cancer
 - Will be given as primary treatment
 - For unresectable or metastatic disease
 - Will be given in combination with capecitabine, fluorouracil or gemcitabine

Other: _____

- Individual has intrahepatic cholangiocarcinoma.
 - Will be given in combination with capecitabine, fluorouracil or gemcitabine
 - Will be given as primary treatment
 - For unresectable or metastatic disease
 - Will be given as adjuvant treatment
 - Will be given for resected disease with microscopic surgical margins (R1 resection)
 - Will be given for residual local disease (R2 resection)

Other: _____

8. Pancreatic Adenocarcinomas

Individual has been diagnosed with pancreatic adenocarcinoma. (If checked, please check the following that apply):

- Will be used as second line therapy
 - Will be given in combination with fluorouracil/leucovorin or capecitabine
 - Will be given for progressive disease
 - Has received** prior gemcitabine-based chemotherapy
 - Has good performance status

Other: _____

- Will be given for locally advanced or metastatic disease
 - Will be given as component of FOLFIRINOX (fluorouracil/leucovorin/irinotecan/oxaliplatin) regimen

Other: _____

9. Rectal Adenocarcinoma

Individual has been diagnosed with rectal adenocarcinoma. (If checked, please check the following that apply):

- Will be given as adjuvant therapy.
 - Individual has metachronous metastases
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine oxaliplatin)
 - Other: _____

- Neoadjuvant chemoradiation **has** been received
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine oxaliplatin)
 - Individual has T3, N0, M0 disease

- Individual has any T, N1-2, M0 disease
- Individual has T4 and/or locally unresectable disease with no metastases
- Other: _____

- Neoadjuvant therapy **has not** been received
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine and oxaliplatin)
 - Given before and after chemoradiation
 - Individual has T3, N0, M0 or T1-3, N1-2, M0 disease following transabdominal resection
 - Individual has T3-4, any N or any T, N1-2 disease following resection of synchronous metastases/rectal lesion
 - Other: _____

- Will be given as neoadjuvant therapy.
 - Individual has synchronous or metachronous metastases
 - Will be given in CapeOX regimen (capecitabine oxaliplatin)
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Other: _____

- Will be given as primary therapy.
 - Individual has unresectable synchronous metastases
 - Disease is medically inoperable
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine oxaliplatin)
 - Other: _____

- Will be given as initial chemotherapy.
 - Individual has unresectable advanced or metastatic disease
 - Individual can tolerate intensive therapy
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine oxaliplatin)
 - Other: _____

- Will be given after disease progression.
 - Individual has unresectable advanced or metastatic disease
 - Will be given in FOLFOX regimen (fluorouracil, leucovorin and oxaliplatin)
 - Will be given in CapeOX regimen (capecitabine oxaliplatin)
 - Will be given in FOLFOX or CapeOX regimen with bevacizumab
 - After first progression
 - Bevacizumab not given as initial therapy
 - Will be given with irinotecan
 - After first progression
 - Other: _____

10. 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.

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

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

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