



- Individual has acute myeloid leukemia (AML) (If checked complete the following):
  - To be used for post-induction therapy
    - To be used in combination of standard dose of cytarabine
    - Individual is 60 years old or older
    - Individual has significant cytoreduction
    - Other:
  - To be used for salvage chemotherapy
    - To be used as a component of MEC (mitoxantrone, etoposide, and cytarabine) regimen
    - To be used in combination with cladribine and cytarabine
    - Other:

- Individual has acute promyelocytic leukemia (If checked complete the following):
  - To be used as consolidation therapy
  - To be used in combination with all-trans-retinoic acid
  - Other:

Other:

**(2). Multiple Sclerosis (MS)**

- Individual has secondary progressive, progressive relapsing, or worsening relapsing-remitting MS (i.e. individual whose neurologic status is significantly abnormal between relapses).
- This will be used for reducing neurological disability and/or frequency of clinical relapses
- Other:

**(3). Prostate Cancer**

- Individual has advanced prostate cancer (If checked complete the following):
  - Cancer is hormone refractory.
  - This is to be used as initial chemotherapy
  - This will be used in combination with corticosteroids for pain related to prostate cancer
  - Other:
- Individual has castration-recurrent symptomatic or visceral metastatic prostate cancer (If checked complete the following):
  - This will be used in combination with prednisone
  - Other:

Other:

**(4). Breast Cancer**

- Individual has been diagnosed with breast cancer (If checked complete the following):
  - Breast cancer is recurrent
  - Breast cancer is metastatic
- Other:

**(5). Liver Carcinoma**

- Individual has been diagnosed with liver cancer

**(6). Ovarian Cancer**

- Individual has been diagnosed with ovarian cancer

**(7). Hodgkin's Lymphoma**

- Individual has Hodgkin's Lymphoma (If checked complete the following):
  - Individual has progressive or relapsed Hodgkin's Lymphoma
  - This will be used as second line therapy
  - This will be given prior to autologous stem cell rescue.

- Will be given as a component of MINE regimen (etoposide, ifosfamide, mesna and miltoxantrone)
- Will be given as a component of VIM-D Regimen (etoposide, ifosfamide, miltoxantrone and dexamethasone)
- Other:

Other:

**(8). Non-Hodgkin's Lymphoma (NHL)**

Individual has Non-Hodgkin's Lymphoma (NHL)

**(9). Malignant Lymphoma**

- Individual has been diagnosed malignant lymphoma (If checked complete the following):
  - Indolent
  - 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 designees may perform a routine audit and request the medical documentation to verify the accuracy of the information reported on this form.

\_\_\_\_\_  
Name and Title of Provider or Provider Representative Completing  
Form and Attestation (Please Print)\*

\_\_\_\_\_  
Date

**\*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.