Cigna®

Axtle
(pemetrexed)

Fax completed form to: (855) 840-1678
If this is an URGENT request, please call (800) 882-4462
(800.88.CIGNA)

PHYSICIAN INFORMATION			PATIENT INFORMATION		
* Physician Name:			*Due to privacy regulations we will not be able to respond via fax with the outcome of our review unless all asterisked (*) items on this form are completed.*		
Specialty:	* DEA, NPI or TIN:				
Office Contact Person:			* Patient Name:		
Office Phone:			* Cigna ID:	* Date of Birth:	
Office Fax:			* Patient Street Address:		
Office Street Address:			City:	State:	Zip:
City:	State:	Zip:	Patient Phone:		

Urgency:

☐ Standard ☐ Urgent (In checking this box, I attest to the fact that applying the standard review time frame may seriously jeopardize the customer's life, health, or ability to regain maximum function)

Medication requested:

☐ Axtle 100mg vial
☐ Axtle 500mg vial

Dose: Frequency of therapy: Duration of therapy:

Is this a new start?
☐ Yes
☐ No

Start Date:

ICD10:

Where will this medication be obtained?
☐ Accredo Specialty Pharmacy**
☐ Hospital Outpatient
☐ Prescriber's office stock (billing on a medical claim form)
☐ Other (please specify):
☐ Retail pharmacy
☐ Home Health / Home Infusion vendor
***Cigna's nationally preferred specialty pharmacy*

*****Medication orders can be placed with Accredo via E-prescribe - Accredo (1620 Century Center Pkwy, Memphis, TN 38134-8822 | NCPDP 4436920), Fax 888.302.1028, or Verbal 866.759.1557*

Facility and/or doctor dispensing and administering medication:

Facility Name: State: Tax ID#:
Address (City, State, Zip Code):

Is the requested medication for a chronic or long-term condition for which the prescription medication may be necessary for the life of the patient? ☐ Yes ☐ No

Diagnosis related to use:
☐ bladder cancer
☐ cervical cancer
☐ epithelial ovarian cancer
☐ fallopian tube cancer
☐ leptomeningeal metastases from non-small cell lung cancer (NSCLC)
☐ mesothelioma
☐ non-nasopharyngeal head and neck cancer
☐ non-small cell lung cancer (NSCLC)

☐ primary CNS lymphoma (PCNSL)
☐ primary peritoneal cancer
☐ thymic carcinoma
☐ vaginal cancer
☐ other (please specify):

Clinical Information:

(if bladder) Which of the following applies to your patient?
☐ locally advanced disease
☐ metastatic disease
☐ recurrent disease
☐ none of the above
☐ unknown

(if metastatic) Did your patient have disease progression while being treated with the first therapy given for this diagnosis? ☐ Yes ☐ No

(if epithelial ovarian, fallopian tube, primary peritoneal) Does your patient have persistent or recurrent disease? ☐ Yes ☐ No

(if NSCLC) Does your patient have squamous cell carcinoma?
Notes: Answer no if the caller or fax indicates large cell carcinoma or adenocarcinoma. ☐ Yes ☐ No

(if not squamous) Has your patient already received any chemotherapy for this diagnosis? ☐ Yes ☐ No

(if prior chemo) How will/is this medication be(ing) used in this patient?
☐ single agent
☐ combination therapy with Keytruda only
☐ neither of above

(if single agent) Which of the following best describes your patient's disease?
☐ advanced disease
☐ locally advanced disease
☐ metastatic disease
☐ other or unknown

(if advanced disease) Will/Is this medication be(ing) used as maintenance therapy? ☐ Yes ☐ No

(if advanced disease) Was platinum-based (carboplatin, cisplatin) chemotherapy part of the first treatment given for this disease? ☐ Yes ☐ No

(if platinum-based first-line chemo) Did your patient receive at least 4 cycles of the platinum-based chemotherapy? ☐ Yes ☐ No

(if at least 4 cycles) Did your patient experience disease progression after 4 cycles of therapy? ☐ Yes ☐ No

(if prior chemo and now in combo with Keytruda only) Was Keytruda used as part of the first therapy given for this disease? ☐ Yes ☐ No

(if part of initial therapy) Will/Is this medication be(ing) used as maintenance therapy? ☐ Yes ☐ No

(if part of initial therapy) Does your patient have advanced or metastatic disease? ☐ Yes ☐ No

(if part of initial therapy) Was platinum-based (carboplatin, cisplatin) chemotherapy part of the first treatment given for this disease? ☐ Yes ☐ No

(if platinum-based first-line chemo) Did your patient receive at least 4 cycles of the platinum-based chemotherapy? ☐ Yes ☐ No

(if at least 4 cycles) Did your patient experience disease progression after 4 cycles of therapy? ☐ Yes ☐ No

(if no prior chemo) How will/is this medication be(ing) used in this patient?
Notes: Platinum-based chemotherapy includes drugs such as carboplatin or cisplatin.
☐ in combination therapy with Keytruda and platinum-based chemotherapy
☐ in combination therapy with platinum-based chemotherapy only
☐ neither of the above

(if in combo with Keytruda and platinum-based chemo) Does your patient have metastatic disease? ☐ Yes ☐ No

(if in combo with platinum-based chemo only) Does your patient have locally advanced or metastatic disease? ☐ Yes ☐ No

(if cervical) Does your patient have recurrent or metastatic disease? ☐ Yes ☐ No

(if cervical, PCNSL, thymic) Has your patient previously been treated with chemotherapy for this diagnosis? ☐ Yes ☐ No

(if PCNSL) Does your patient have progressive or recurrent disease? ☐ Yes ☐ No

(if any diagnosis but mesothelioma, NSCLC, Leptomeningeal Metastases from NSCLC, Non-nasopharyngeal head and neck cancer) Is this medication being given as single-agent therapy?
Notes: Single-agent therapy means no other chemotherapy drugs will be used with this medication. ☐ Yes ☐ No

(if leptomeningeal Metastases from NSCLC) Does your patient have EGFR-positive disease? ☐ Yes ☐ No

(if leptomeningeal Metastases from NSCLC) How is this medication being used in this patient?
☐ as primary treatment
☐ as maintenance treatment
☐ Neither of the above

(if leptomeningeal Metastases from NSCLC, if primary) Does your patient have good risk status? Note: good risk status is defined as Karnofsky Performance Scale (KPS) of at least 60, no major neurologic deficits, minimal systemic disease, and reasonable systemic treatment options if needed. ☐ Yes ☐ No

(if leptomeningeal Metastases from NSCLC, if maintenance) Which of the following best describes your patient's disease in terms of cerebrospinal fluid (CSF) cytology?
☐ negative CSF cytology
☐ persistently positive CSF cytology in a clinically stable patient
☐ Other or unknown

(if non-nasopharyngeal head and neck cancer) What is your patient's performance status (PS)?
☐ PS 0
☐ PS 1
☐ PS 2
☐ PS 3
☐ PS 4
☐ None of the above or Unknown

(if non-nasopharyngeal head and neck cancer, if PS0-1) Which of the following best describes your patient's disease?
☐ metastatic (M1) disease at initial presentation
☐ recurrent/persistent disease with distant metastases
☐ unresectable locoregional recurrence with prior radiation therapy (RT)
☐ unresectable second primary with prior radiation therapy (RT)
☐ unresectable persistent disease with prior radiation therapy (RT)
☐ resectable locoregional recurrence or persistent disease without prior radiation therapy given with cisplatin
☐ Other or unknown

(if vaginal cancer) Will this medication be used as second-line or subsequent therapy? ☐ Yes ☐ No

(if vaginal cancer) Which of the following best describes your patient's disease?
☐ locoregional recurrence
☐ stage IVB disease
☐ recurrent distant metastases
☐ Other or unknown

Additional Pertinent Information: *(including disease stage, prior therapy, performance status, and names/doses/admin schedule of any agents to be used concurrently):*

Attestation: I attest the information provided is true and accurate to the best of my knowledge. I understand that the Health Plan or insurer its designees may perform a routine audit and request the medical information necessary to verify the accuracy of the information reported on this form.

Prescriber Signature:_____ **Date:**_____

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