



Patient Name (First):	Last:	M:	DOB (mm/dd/yyyy):
<p>7. Has the patient been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat the cancer?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8. Is there documentation that the patient has been diagnosed with stage four advanced, metastatic cancer and the requested agent is being used to treat an associated condition related to stage four advanced metastatic cancer? <b>Please note, chart notes are required.</b>..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9. If yes to either of the two previous questions, is the use of the requested agent consistent with best practices for the treatment of stage four advanced, metastatic cancer, or an associated condition; supported by peer-reviewed, evidence-based literature; and approved by the United States Food and Drug Administration? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>Please submit chart notes to support the answers to the following questions:</b></p> <p>10. Has the patient tried and had an inadequate response to the use of the individual ingredients within the target combination agent as separate dosage forms?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11. Were the individual ingredients within the target combination agent as separate dosage forms discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Does the patient have a documented intolerance, FDA labeled contraindication, or hypersensitivity to the individual ingredients within the target combination agent as separate dosage forms? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13. Is the use of the individual ingredients within the target combination agent as separate dosage forms expected to be ineffective based on the known clinical characteristics of the patient and the known characteristics of the drugs; or cause a significant barrier to the patient's adherence of care; or worsen a comorbid condition; or decrease the patient's ability to achieve or maintain reasonable functional ability in performing daily activities; or cause an adverse reaction or cause physical or mental harm? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Is the use of the individual ingredients within the target combination agent as separate dosage forms not in the best interest of the patient based on medical necessity? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>15. Has the patient tried another prescription drug in the same pharmacologic class or with the same mechanism of action as the individual ingredients within the target combination agent as separate dosage forms and that prescription drug was discontinued due to lack of efficacy or effectiveness, diminished effect, or an adverse event?..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>For Yosprala or Aspirin/Omeprazole requests:</b></p> <p>16. Does the patient have an indication of use of at least ONE of the following? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please select which applies:</p> <p><input type="checkbox"/> Reducing the combined risk of death and nonfatal stroke in patients who have had ischemic stroke or transient ischemia of the brain due to fibrin platelet emboli</p> <p><input type="checkbox"/> Reducing the combined risk of death and nonfatal myocardial infarction (MI) in patients with previous MI or unstable angina pectoris</p> <p><input type="checkbox"/> Reducing the combined risk of MI and sudden death in patients with chronic stable angina pectoris</p> <p><input type="checkbox"/> Use in patients who have undergone revascularization procedures (Coronary Artery Bypass Graft [CABG] or Percutaneous Transluminal Coronary Angioplasty [PTCA]) when there is a pre-existing condition for which aspirin is already indicated</p> <p>17. Does the patient have at least ONE of the following risk factors for developing NSAID-induced gastrointestinal (GI) ulcers: 1) Age greater than or equal to 55 years, 2) Prior history of peptic, gastric, or duodenal ulcer, 3) History of NSAID-related ulcer, 4) History of clinically significant GI bleeding, 5) Untreated or active H. pylori gastritis, 6) Concurrent use of oral corticosteroids, 7) Concurrent use of anticoagulants, or 8) Concurrent use of antiplatelets? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>For Duexis or Vimovo requests:</b></p> <p>18. Does the patient have at least ONE of the following risk factors for developing NSAID-induced gastrointestinal (GI) ulcers: 1) Age greater than or equal to 65 years, 2) Prior history of peptic, gastric, or duodenal ulcer, 3) History of NSAID-related ulcer, 4) History of clinically significant GI bleeding, 5) Untreated or active H. pylori gastritis, 6) Concurrent use of oral corticosteroids, 7) Concurrent use of anticoagulants, or 8) Concurrent use of antiplatelets? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>Please fax or mail this form to:</b>  Prime Therapeutics LLC  Clinical Review Department  2900 Ames Crossing Road Suite 200  Eagan, MN 55121</p> <p><b>TOLL FREE</b></p> <p><b>Phone:</b>  <b>BCBSIL: 800.285.9426</b>  <b>BCBSMT: 888.723.7443</b>  <b>BCBSNM: 800.544.1378</b>  <b>BCBSOK: 800.991.5643</b>  <b>BCBSTX: 800.289.1525</b></p>		<p><b>CONFIDENTIALITY NOTICE:</b> This communication is intended only for the use of the individual entity to which it is addressed, and may contain information that is privileged or confidential. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please return the original message to Prime Therapeutics via U.S. Mail. Thank you for your cooperation.</p>	