

Federal Employee Program.

Prescriber's NPI

Afinitor PRIOR APPROVAL REQUEST

Send completed form to: Blue Shield of California Fax: 1-855-895-3504

Date

Additional information is required to process your claim for prescription drugs. Please complete the cardholder portion, and have the prescribing physician complete the physician portion and submit this completed form. All incomplete and illegible forms will be returned to the patient.

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Cardholder Name:				
Patient Name:	MI / /	Last		
First	, <u>MI</u>	Last		
Patient Address:Street	City	St	ate Zip	<u> </u>
Patient Date of Birth:// Se	ex: M F	R L	l I dholder Identificat	L L L tion Number
PHYS	SICIAN COMPLE	ΓES		
Please select medication:Afinitor	☐Afinitor Disp	erz		
1. Has the patient been receiving Afinitor therapy for at least 6 month NO – this would be the INITIATION of therapy YES – this would be the CONTINUATION of therapy 2. What is the patient's diagnosis? Breast cancer (please answer the following questions): a. Does the patient be treated concurrently with exemestane (Arom c. If INITIATION of therapy, has the patient been previously treat in INITIATION of therapy, has the patient have metastatic or it in INITIATION of therapy, does the patient have metastatic or it in INITIATION of therapy, has the patient been previously treat in INITIATION of therapy, has the patient been previously treat in INITIATION of therapy, has the patient been previously treat in INITIATION of therapy, has the patient require immediate in Initiation of therapy, does the patient require immediate in Initiation of therapy, does the patient require immediate in Initiation of therapy, does the patient have disease property in Initiation of therapy, does the patient have disease property in Initiation of therapy, does the patient have disease property in Initiation of therapy, what is the histology of the sarcome (please answer the following question): a. If INITIATION of therapy, what is the histology of the sarcome (PEComa/recurrent (Angiomyolipma (Phphangioleiomy) in Initiation be used to prevent kidney transplant rejection? In Initiation be used to prevent kidney transplant rejection? In Initiation of therapy, has the patient been previously treating the patient been previously treating neuroendocrine tumors a. If INITIATION of therapy, has the patient been previously treating neuroendocrine tumors a. If INITIATION of therapy, is the diagnosis metastatic or unresting neuroendocrine tumors Pancreatic neurocendocrine tumors of the provision of	breast cancer? [Y] [S] [N] [D] hasin)? [Y] [S] [N] [D] hated with letrozole (Femara) or a runresectable progressive disease var)? [Y] [S] [N] [D] hated with a first-line therapy ager [Y] [S] [N] [S] [N] [S] [S] [S] [S] [S] [S] [S] [S] [S] [S	nastrozole (Arimidex)? [Yese? [Yes Np] at? [Yes Np] unitinib (Sutent) or sorafer ollowing): se specify): p at? [Yes Np] at? [Yes Np] at? [Yes Np] at. [ederal government prografraud statutes, or other federal knowledge and belief. I united.]	nib (Nexavar)? [Yes [Ŋ am, and any falsification of eral or state laws prohibitin nderstand that the insurer	records may subject the provider g such falsification.
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Physician Signature