

- occult primary
- ovarian cancer/fallopian tube cancer/primary peritoneal cancer - mucinous carcinoma
- pancreatic adenocarcinoma
- peripheral T-cell lymphoma
- small bowel adenocarcinoma
- soft tissue sarcoma - rhabdomyosarcoma
- none of the above

(if none of the above) Which of the following best describes how the patient is or will be using Khapzory?

- to diminish the toxicity and counteract the effects of impaired methotrexate elimination
- to diminish toxicity and counteract the effects of inadvertent overdosage of folic acid antagonists
- as rescue therapy after high-dose methotrexate therapy in osteosarcoma patient
- none of the above

(if none of the above) What is the diagnosis related to use?

Clinical Information:

(if CRC) Does your patient have metastatic disease? Yes No

(if CRC) Is/Will Khapzory be(ing) used in combination with fluorouracil (Aducil, 5-FU)? Yes No

(if CRC) Is Khapzory being given as part of adjuvant therapy? Yes No

(if NOT CRC, if NOT none of the above) Is/Will Khapzory be(ing) used in combination with high-dose methotrexate (MTX)? Yes No

Has the patient already been started on therapy with Khapzory? Yes No

(if yes) Has the patient tried generic levoleucovorin calcium injection? Yes No

(if no) Has the patient tried one generic levoleucovorin calcium injection or generic leucovorin injection? Yes No

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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