

Clinical Information:

(if NPC) How will this medication be used in this patient?

- As single agent treatment
- In combination with cisplatin and gemcitabine
- Neither of the above

(if single agent) Does the patient have recurrent unresectable or metastatic disease? Yes No

(if single agent) Has the patient previously received a platinum-containing therapy for this diagnosis? Yes No

(if previously received a platinum-containing therapy) Did the patient experience progression while on or after the platinum-containing chemotherapy? Yes No

(if in combo with cisplatin and gemcitabine) Is this medication part of the first treatment the patient has received for this diagnosis? Yes No

(if in combo with cisplatin and gemcitabine) Does the patient have metastatic disease? Yes No

(if no) Does the patient have recurrent, locally advanced disease? 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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