Washington State Health Care Authority

Clear Form

Opdivo (nivolumab)

Please provide the information below. Please print your answer, attach supporting documentation, sign, date, and return to our office as soon as possible to expedite this request. **Without this information, we may deny the request in 30 days.**

A typed and completed *General Authorization for Information* form (13-835) must be attached to your request and must be the first page (no cover sheet).
Fax to: 1-866-668-1214

DATE OF REQUEST	PATIENT	DATE OF BIRTH	PROVIDERONE CLIENT ID

PRESCRIBER	BILLING PROVIDER NPI NUMBER	TELEPHONE NUMBER	FAX NUMBER

DRUG/STRENGTH/DOSE/FREQUENCY

1. What is patient's diagnosis?
   - ☐ Metastic Melanoma
   - ☐ Metastic non-small cell lung cancer (NSCLC)
   - ☐ Other: _____

   If diagnosis is non-small cell lung cancer (NSCLC), is patient EGFR or ALK positive? ☐ Yes ☐ No

2. What other treatments have been tried? _____

3. Is this prescribed for monotherapy use? ☐ Yes ☐ No

   If no, what other anti-cancer drugs will be prescribed to use with Opdivo? _____

4. For patient's who are already taking Opdivo, has patient had:

   Disease progression ☐ Yes ☐ No

   Unacceptable toxicity ☐ Yes ☐ No

CHART NOTES DOCUMENTING THE ABOVE INFORMATION ARE REQUIRED WITH THIS REQUEST

PRESCRIBER'S SIGNATURE	PRESCRIBER'S SPECIALTY	DATE