Please check the box of the medication you are requesting:

- Aromasin®
- Sutent®
- Tykerb®
- Arimidex®
- Tarceva®
- Vesnarin®
- Gleevec®
- Targetin®
- Other:
- Nexavar®
- Tasigna®
- Revlimid®
- Temodar®
- Sprycel®
- Thalomid®

Diagnosis: ___________________________ ICD-9 Diagnosis Code: ___________________________
Dose: ___________________________ Sig (How Administered): ___________________________ Refills: ___________________________

Please complete all applicable sections:

For Revlimid® Requests:
- Is the patient registered with and meet all of the requirements of the REV ASSIST™ Program?  Yes  No
- For patients with myelodysplastic syndrome only.
  - Hemoglobin level = _________ g/dl date of lab _________

For Tarceva® Requests:
- Does the patient have a documented trial and failure with a previous chemotherapy regimen?  Yes  No
- What is the patient’s Eastern Cooperative Oncology Group (ECOG) Performance Status

For Gleevec® Requests:
- For patients who require a dose of greater than 600 mg/day for the treatment of chronic myelogenous leukemia (CML) only:
  - Did the patient lack a hematologic response, lack a cytogenetic response, or relapsed after a hematologic response while receiving a dose of 600 mg/d or less?  Yes  No
  - Does the patient have a documented trial and failure with Sprycel® (dasatinib) or Tasigna® (nilotinib)?  Yes  No

For Tasigna® Requests:
- Potassium level = _________ mEq/L date of lab _________
- Magnesium level = _________ mEq/L date of lab _________
- Does the patient have a diagnosis of long QT syndrome?  Yes  No

For Tykerb® Requests:
- Does the patient have human epidermal receptor type 2 (HER2) positive breast cancer?  Yes  No
- Does the patient have a documented trial and failure with a previous chemotherapy regimen that includes an anthracycline, a taxane and Herceptin® (trastuzumab)?  Yes  No

For Nexavar® and Sutent® Requests:
- KIDNEY CANCER - Does the patient have a Stage I-III tumor that has relapsed after surgical intervention OR an unresectable tumor OR a Stage IV tumor?  Yes  No
- FOR NEXAVAR ONLY: For patients with Hepatocellular carcinoma:
  - The patients Child-Pugh Class = _________
  - Is the patient not a suitable candidate for a liver transplant, has a medically/surgically unresectable tumor or has declined the surgery?  Yes  No
- FOR SUTENT ONLY: For patients with gastrointestinal stromal tumor (GIST):
  - Does the patient have a documented trial and failure with Gleevec® (imatinib)?  Yes  No

If you answered “NO” to any question please explain (please include attachments if necessary): ___________________________

If the medication is being used for a dosage which is above the FDA approved dosing guidelines OR for a diagnosis other than a FDA approved indication please include all applicable documentation and the rationale behind using this treatment (please include attachments if necessary): ___________________________