## Pharmaceutical Standards & Governance Pre-approval Form

This is a pre-requisite form provided upon request for the drug **Tepotinib**.
Kindly fill in all the requested information given below. This is a mandatory step to proceed further. Failure to provide information relevant to approval will delay the processing of the applicant's request. The provider will be contacted in case further clarifications are required.

### GENERAL INFORMATION

- Member's Name:
- Member Card #:
- Policy:
- Age:
- Gender: ☐ Female ☐ Male
- Date: / /

### PROVIDER INFORMATION

- Provider's Name:
- OrderingClinician(ID# &Name):
- Performing Provider Name:
- Performing Clinician Specialty (ID # & Name):
- Referring Physician (ID # & Name):

### SERVICE REQUESTED

- Principal/ Primary Diagnosis:
- ICD-10:
- Requested Drug and Dose:
- Current stage of disease (AJCC/UICC) T: N: M:
- Initial Dose: ☐ Subsequent Dose ☐ (please fill refill section)

## ADDITIONAL REQUIRED INFORMATION

To confirm the diagnosis, it is essential to review the patient's medical records and correlate the following information with the reported diagnosis

- Histopathology Report (please attach): ☐
- Documented evidence of MET exon 14 skipping (please attach): ☐
- Pregnancy test negative (for women of childbearing potential)? Yes ☐ No ☐
- Liver function status (please attach): ☐
- Pulmonary function status (please attach): ☐

For Refill:

- Liver function status (please attach reports): _____
- Pulmonary function status (please attach reports): _____
- Any evidence of Interstitial Lung disease/pneumonitis? Yes ☐ No ☐
- Current stage of disease (AJCC/UICC) T: N: M:
- Evidence of disease progression/regression (Please attach the radiology report)

Additional details:

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Physician stamp