



**Anti-Cancer Drugs:
cyclophosphamide oral
methotrexate inj**

**Express Scripts
Prior Authorization
Phone 800-417-8164
Fax 877-837-5922**

Member's Last Name	Member's First Name
SCAN ID number	Date of Birth
Prescriber's Name	Contact Person
Office phone	Office Fax

This drug may be covered under Medicare Part B or Part D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

Medication:	Diagnosis:
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1. Is the diagnosis or indication for this medication Cancer?
2. Will this medication be used for any other FDA-approved indication?
3. Are there any other comments, diagnoses, symptoms, relevant lab values, and/or additional pertinent information that you feel is important to this review?