



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