



## Oncology Global Medicare Advantage PA - HMSA HMSA - Prior Authorization Request

CVS Caremark administers the prescription benefit plan for the patient identified. This patient's benefit plan requires prior authorization for certain medications in order for the drug to be covered. To make an appropriate determination, providing the most accurate diagnosis for the use of the prescribed medication is necessary. **Please respond below and fax this form to CVS Caremark toll-free at 1-866-237-5512.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-808-254-4414**. For inquiries or questions related to the patient's eligibility, drug copay or medication delivery; please contact the Specialty Customer Care Team: CaremarkConnect® 1-800-237-2767.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to [do\\_not\\_call@cvscaremark.com](mailto:do_not_call@cvscaremark.com). An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Patient's ID: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_  
Patient's Phone Number: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Specialty: \_\_\_\_\_ NPI#: \_\_\_\_\_  
Physician Office Telephone: \_\_\_\_\_ Physician Office Fax: \_\_\_\_\_

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.*

### Additional Demographic Information:

Patient Weight: \_\_\_\_\_ kg  
Patient Height: \_\_\_\_\_ ft \_\_\_\_\_ inches

### Criteria Questions:

- Indicate where the drug is being dispensed:  
 Office  Outpatient Hospital  Ambulatory Surgical  Inpatient Hospital  
 Off Campus Outpatient Hospital  Urgent Care  Emergency Room  Birthing Center  
 Military Facility  Skilled Nursing Facility  Nursing Facility  Hospice  
 Inpatient Psychiatric  Psychiatric Residential Treatment  End Stage Renal Facility  
 Psychiatric Facility  Pharmacy  Other
- Indicate where the drug is being administered:  
 Ambulatory surgical  Home  Inpatient Hospital  
 Office  Outpatient Hospital  Pharmacy
- Please list or describe all agents in the oncology regimen.  Single agent  Multiple agents  
\_\_\_\_\_  
\_\_\_\_\_
- What is the patient's diagnosis and ICD 10 code? Action Required: Please attach relevant and supportive data of patient's diagnosis.  
\_\_\_\_\_
- Is the requested medication/regimen prescribed for an FDA-approved indication, an indication supported by NCCN with a I or IIA recommendation, or an indication supported by the manufacturer's prescribing information?  
 Yes  No *If no, skip to # 9*

**Send completed form to: CVS Caremark Specialty Programs. Fax: 1-866-237-5512**

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6. Does the patient have a contraindication to the use of the requested medication(s) as listed in the medication(s) prescribing information?  Yes  No
7. Was the single agent or entire drug regimen previously authorized by HMSA/CVS for this member?  
 Yes  No  Unknown *If No or unknown, no further questions.*
8. Is there evidence to support the patient is benefitting from treatment (e.g. positive clinical response, lack of disease progression)? **Action required: Please attach current clinical documentation (e.g., office visit notes and applicable studies) that supports treatment is beneficial.**  Yes  No *No further questions*
9. Which medication is being prescribed?  
 Avastin  
 Erbitux *skip to #14*  
 Provenge *skip to #18*  
 None of the above *No further questions*
10. What is the diagnosis?  
 Colon cancer  
 Rectal cancer  
 Pancreatic cancer *skip to #12*  
 Gastrointestinal stromal tumor (GIST) *skip to #13*  
 Other
11. Is the member enrolled in and receiving Avastin as part of any of the following NCI-sponsored clinical trials?  
  - C80405: Phase III Trial of Irinotecan/5-FU/Leucovorin or Oxaliplatin/5FU/Leucovorin with Bevacizumab, or Cetuximab, or with the combination of Bevacizumab and Cetuximab for Patients with Untreated Metastatic Adenocarcinoma of the Colon or Rectum
  - E4203: Study Phase II Study of Treatment Selection Based Upon Tumor Thymidylate Synthase Expression in Previously Untreated Patients with Metastatic Colorectal Cancer
  - E5202: Randomized Phase III Study Comparing 5-FU, Leucovorin and Oxaliplatin versus 5-FU, Leucovorin, Oxaliplatin and Bevacizumab in Patients with Stage II Colon Cancer at High Risk for Recurrence to Determine Prospectively the Prognostic Value of Molecular Markers
  - E5204: Intergroup Randomized Phase III Study of Post-Operative Oxaliplatin, 5-Fluorouracil and Leucovorin with or without Bevacizumab in Patients with Stage II or III Rectal Cancer Receiving Pre-Operative Radiation and a 5-Fluorouracil-Based Regimen
  - 7325: Dose-Dense and Dose-Intense Alternating Irinotecan/Capecitabine & Oxaliplatin/Capecitabine: Phase I in Solid Tumors and Phase II with Bevacizumab as First-Line Therapy of Advanced Colorectal Cancer Yes  No *No further questions*
12. Is the member enrolled in and receiving Avastin as part of the following NCI-sponsored clinical trial?  
  - E2204: An Intergroup Randomized Phase II Study of Bevacizumab or Cetuximab in Combination with Gemcitabine and in Combination with Chemoradiation (Capecitabine and Radiation) in Patients with Completely-Resected Pancreatic Carcinoma Yes  No *No further questions*
13. Is the member enrolled in and receiving Avastin as part of the following NCI-sponsored clinical trial?  
  - S0502: Phase III Randomized Study of Imatinib, with or without Bevacizumab, in Patients with Metastatic or Unresectable Gastrointestinal Stromal Tumors Yes  No *No further questions*
14. What is the diagnosis?  
 Colon cancer  Rectal cancer  Head and neck cancer *skip to #16*  
 Pancreatic cancer *skip to #17*  Other
15. Is the member enrolled in and receiving Erbitux as part of the following NCI-sponsored clinical trial?

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- C80405: Phase III Trial of Irinotecan/5-FU/Leucovorin or Oxaliplatin/5-FU/Leucovorin with Bevacizumab, or Cetuximab, or with the combination of Bevacizumab and Cetuximab for Patients with Untreated Metastatic Adenocarcinoma of the Colon or Rectum

Yes  No *No further questions*

16. Is the member enrolled in and receiving Erbitux as part of the following NCI-sponsored clinical trial?

- RTOG-0522: Phase III Trial of Concurrent Accelerated Radiation & Cisplatin vs Concurrent Accelerated Radiation, Cisplatin, & Cetuximab (Followed by Surgery for Selected Patients) for Stage III & IV Head & Neck Carcinomas

Yes  No *No further questions*

17. Is the member enrolled in and receiving Erbitux as part of the following NCI-sponsored clinical trial?

- E2204: An Intergroup Randomized Phase II Study of Bevacizumab or Cetuximab in Combination with Gemcitabine and in Combination with Chemoradiation (Capecitabine and Radiation) in Patients with Completely-Resected Pancreatic Carcinoma

Yes  No *No further questions*

18. Does the patient have clinically localized or locally advanced prostate cancer?

Yes  No

19. Does the patient have castration-naïve (androgen-dependent) prostate cancer?

Yes  No

20. Is the patient being treated for biochemical relapse (ie, increased prostate specific antigen)?

Yes  No

21. Has the patient received Provenge previously?

Yes  No

*I attest that this information is accurate and true, and that documentation supporting this information is available for review if requested by CVS Caremark or the benefit plan sponsor.*

X \_\_\_\_\_

**Prescriber or Authorized Signature**

**Date (mm/dd/yy)**

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