



## Somatuline Depot

### 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.

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**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
- What is the ICD-10 code? \_\_\_\_\_
- What is the patient's diagnosis?
  - Acromegaly
  - Carcinoid syndrome, *Skip to #10*
  - Primary gastrinoma, unresected, *Skip to #10*
  - Well-differentiated grade 3 Neuroendocrine tumors (NETs) with favorable biology, unresectable locally advanced or metastatic NETs (not of gastroenteropancreatic origin) with favorable biology (e.g., relatively low Ki-67 [less than 55%], somatostatin receptor [SSR] positive imaging), *Skip to #10*
  - Neuroendocrine tumors of the gastrointestinal tract (carcinoid tumors), *Skip to #10*

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

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- Neuroendocrine tumors of the thymus (carcinoid tumors), *Skip to #10*
- Neuroendocrine tumors of the lung (carcinoid tumors), *skip to #10*
- Neuroendocrine tumors of the pancreas (islet cell tumors) (including gastrinomas, glucagonomas, insulinomas, and VIPomas), *Skip to #10*
- Gastroenteropancreatic neuroendocrine tumor, unresectable, well- or moderately-differentiated, locally advanced or metastatic, *Skip to #10*
- Pheochromocytoma or paraganglioma, *Skip to #10*
- Zollinger-Ellison syndrome, *Skip to #10*
- Other \_\_\_\_\_

**Section A: Acromegaly**

5. Is the patient currently on therapy with the requested medication?  Yes  No, *If No, skip to #7*
6. How has the patient's IGF-1 (insulin-like growth factor 1) level changed since initiation of therapy? **Action Required:** *If 'decreased or normalized', attach laboratory report indicating normal current IGF-1 levels or chart notes indicating that the patient's IGF-1 level has decreased or normalized since initiation of therapy.*  
 Increased  Decreased or normalized  No change *No further questions*
7. How does the patient's pretreatment IGF-1 (insulin-like growth factor 1) level compare to the laboratory's reference normal range based on age and/or gender? **Action Required:** *Attach a laboratory report or chart note(s) with pretreatment IGF-level and reference normal range.*  
 IGF-1 level is higher than the laboratory's normal range  
 IGF-1 level is lower than the laboratory's normal range  
 IGF-1 level falls within the laboratory's normal range
8. Has the patient had an inadequate or partial response to surgery or radiotherapy? **Action Required:** *If 'Yes', attach supporting chart note(s) indicating an inadequate or partial response to surgery or radiotherapy*  
*If Yes, no further questions*  Yes  No
9. Is there a clinical reason why the patient has not had surgery or radiotherapy? **Action Required:** *If 'Yes', attach supporting chart note(s) indicating a clinical reason for not having surgery or radiotherapy*  Yes  No

**Section B: Oncologic Indications**

10. Please list or describe all agents in the oncology regimen.  Single agent  Multiple agents  
 \_\_\_\_\_  
 \_\_\_\_\_
11. What is the patient's diagnosis and ICD 10 code? **Action Required:** *Please attach relevant and supportive data of patient's diagnosis.* \_\_\_\_\_
12. Is the requested medication/regimen prescribed for an FDA-approved indication, an indication supported by NCCN with a I or IIA recommendation?  Yes  No
13. Does the patient have a contraindication to the use of the requested medication(s) as listed in the medication(s) prescribing information?  Yes  No
14. 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.*
15. 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

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*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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