

**Alimta  
Prior Authorization Request**

**Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720**

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 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-866-814-5506**. 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:** \_\_\_\_\_  
**Physician's Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_

*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:**

1. What is the diagnosis?
  - Non-small cell lung cancer (NSCLC)
  - Malignant pleural mesothelioma
  - Thymoma/thymic carcinoma
  - Bladder cancer
  - Recurrent or metastatic primary carcinoma of the urethra
  - Recurrent or metastatic upper genitourinary tract tumor
  - Recurrent or metastatic urothelial carcinoma of the prostate
  - Persistent or recurrent ovarian cancer (epithelial)
  - Persistent or recurrent fallopian tube cancer
  - Persistent or recurrent primary peritoneal cancer
  - Recurrent or progressive primary CNS lymphoma
  - Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. *If the diagnosis is non-small cell lung cancer (NSCLC), does the patient have the squamous cell subtype of NSCLC?*  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)