



Alimta

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 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518**. 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: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____

Referring Provider Info: Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

Rendering Provider Info: Same as Referring Provider Same as Requesting Provider
Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____

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

Required Demographic Information:

Patient Weight: _____ *kg*
Patient Height: _____ *cm*

Please indicate the place of service for the requested drug:

- Ambulatory Surgical Home Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Criteria Questions:

- What is the diagnosis?
 Non-small cell lung cancer (NSCLC) Malignant pleural mesothelioma
 Malignant peritoneal mesothelioma Thymoma or thymic carcinoma
 Bladder cancer (transitional cell urothelium cancer) Fallopian tube cancer
 Primary peritoneal cancer Primary central nervous system (CNS) lymphoma
 Pericardial mesothelioma Tunica vaginalis testis mesothelioma
 Cervical cancer
 Epithelial ovarian cancer (including carcinosarcoma [malignant mixed Müllerian tumor], clear cell carcinoma, grade 1 endometrioid carcinoma, low-grade serous carcinoma/ovarian borderline epithelial tumor [low malignant potential] with invasive implants, or mucinous carcinoma)
 Other _____
- What is the ICD-10 code? _____

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

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Alimta SGM – 01/2022.

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3. Is this a request for continuation of therapy with the requested medication?
 Yes No *If No, skip to diagnosis section*
4. Is there evidence of unacceptable toxicity or disease progression on the current regimen?
 Yes No *No further questions*

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Non-Small Cell Lung Cancer (NSCLC)

5. What is the histology for the disease?
 Non-squamous histology
 Squamous histology

Section B: Malignant Pleural Mesothelioma

6. Will the requested medication be given in any of the following regimens?
 As a single agent
 In combination with cisplatin or carboplatin
 In combination with bevacizumab and either cisplatin or carboplatin
 None of the above

Section C: Thymoma or Thymic Carcinoma

7. Will the requested medication be given as a single agent therapy? Yes No

Section D: Bladder Cancer (Transitional Cell Urothelium Cancer)

8. What is the clinical setting in which the requested medication will be used?
 Locally advanced disease
 Relapsed disease
 Metastatic disease
 Other _____

9. Will the requested medication be given as second-line treatment? Yes No

Section E: Epithelial Ovarian Cancer, Fallopian Tube Cancer, Primary Peritoneal Cancer, Primary Central Nervous System (CNS) Lymphoma

10. Will the requested medication be given as single agent therapy? Yes No
If diagnosis is Primary Central Nervous System (CNS) lymphoma, no further questions

11. What is the clinical setting in which the requested medication will be used?
 Persistent disease
 Recurrent disease
 None of the above

Section F: Cervical Cancer

12. What is the clinical setting in which the requested medication will be used?
 Persistent disease
 Recurrent disease
 None of the above

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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