

**Docetaxel  
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:** \_\_\_\_\_  
**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:**

1. What is the prescribed medication  
 Taxotere (docetaxel)    Docefrez (docetaxel)    Docetaxel (generic)    Other  
\_\_\_\_\_
  
2. What is the patient's diagnosis?  

<input type="checkbox"/> Breast cancer <input type="checkbox"/> Prostate cancer <input type="checkbox"/> Non-small cell lung cancer (NSCLC) <input type="checkbox"/> Gastric cancer <input type="checkbox"/> Esophageal and esophagogastric junction cancer <input type="checkbox"/> Ovarian cancer (epithelial) <input type="checkbox"/> Fallopian tube cancer <input type="checkbox"/> Primary peritoneal cancer <input type="checkbox"/> Malignant sex-cord stromal tumor (ovarian cancer) <input type="checkbox"/> Malignant germ cell tumor (ovarian cancer) <input type="checkbox"/> Recurrent or metastatic urothelial carcinoma of the prostate <input type="checkbox"/> Recurrent or metastatic upper genitourinary tract tumor <input type="checkbox"/> Recurrent or metastatic primary carcinoma of the urethra <input type="checkbox"/> Metastatic, relapsed or progressive Ewing's sarcoma <input type="checkbox"/> Relapsed/refractory or metastatic osteosarcoma <input type="checkbox"/> Other _____	<input type="checkbox"/> Soft tissue sarcoma <input type="checkbox"/> Head and neck cancer <input type="checkbox"/> Bladder cancer <input type="checkbox"/> Small cell lung cancer <input type="checkbox"/> Thyroid carcinoma (anaplastic carcinoma) <input type="checkbox"/> Occult primary (cancer of unknown primary) <input type="checkbox"/> Endometrial carcinoma <input type="checkbox"/> Uterine sarcoma <input type="checkbox"/> Other _____
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3. What is the ICD-10 code? \_\_\_\_\_

*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)