

Eloxatin (oxaliplatin) (for Maryland only)
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.

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? Eloxatin Oxaliplatin (generic) Other _____
2. What is the diagnosis?

| | |
|--|---|
| <input type="checkbox"/> Colon cancer <input type="checkbox"/> Rectal cancer <input type="checkbox"/> Esophageal or esophagogastric junction cancer <input type="checkbox"/> Gastric cancer <input type="checkbox"/> Cholangiocarcinoma (intra- or extra-hepatic) <input type="checkbox"/> Gallbladder cancer <input type="checkbox"/> Pancreatic adenocarcinoma <input type="checkbox"/> Other _____ | <input type="checkbox"/> Ovarian cancer (epithelial) <input type="checkbox"/> Non-Hodgkin's lymphoma <input type="checkbox"/> Testicular cancer <input type="checkbox"/> Neuroendocrine tumor of pancreas <input type="checkbox"/> Fallopian tube cancer <input type="checkbox"/> Primary peritoneal cancer <input type="checkbox"/> Occult primary (cancer of unknown primary) |
|--|---|
3. What is the ICD-10 code? _____
4. Would the prescriber like to request an override of the step therapy requirement?
 Yes No *If No, skip to diagnosis section*
5. Has the member received the medication through a pharmacy or medical benefit within the past 180 days?
 Yes No **ACTION REQUIRED: *Please provide documentation to substantiate the member had a prescription paid for within the past 180 days (i.e. PBM medication history, pharmacy receipt, EOB etc.)***
6. Is the medication effective in treating the member's condition? Yes No *Continue to diagnosis section and complete this form in its entirety.*

Complete the following section based on the member's diagnosis.

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Section A: Colon and Rectal Cancer

7. What is the intent of treatment with oxaliplatin?
- Neoadjuvant therapy, *no further questions*
 - Perioperative therapy, *no further questions*
 - Adjuvant therapy, *no further questions*
 - Chemotherapy for unresectable, advanced or metastatic disease
 - Other _____
8. In which clinical setting will oxaliplatin be used?
- Initial therapy, *no further questions*
 - Therapy after first progression (second-line therapy)
 - Therapy after second progression (third-line therapy)
 - Other _____
9. Did the cancer progress following previous treatment with an oxaliplatin-based regimen?
- Yes No

Section B: Esophageal, Esophagogastric Junction and Gastric Cancers

10. What is the intent of treatment with oxaliplatin?
- Primary chemotherapy for locoregional disease
 - Chemoradiation for locoregional disease
 - Pre- or post-operative chemotherapy for locoregional disease
 - First-line palliative therapy (eg, unresectable/medically inoperable locally advanced, locally recurrent or metastatic disease)
 - Other _____

Section C: Hepatobiliary Cancers

11. Will oxaliplatin be used as adjuvant therapy? Yes No
12. Will oxaliplatin be used as primary treatment of unresectable or metastatic disease?
- Yes No

Section D: Neuroendocrine Tumors of the Pancreas

13. Does the member have unresectable locoregional disease and/or distant metastases?
- Yes No

Section E: Non-Hodgkin's Lymphoma

14. What is the diagnosis (NHL subtype)?
- Adult T-cell leukemia/lymphoma, *continue to #15*
 - AIDS-related B-Cell lymphoma, *skip to #16*
 - Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), *skip to #17*
 - Diffuse large B-cell lymphoma, *skip to #16*
 - Follicular lymphoma, *skip to #16*
 - Gastric MALT lymphoma, *skip to #16*
 - Mantle cell lymphoma, *skip to #16*
 - Mycosis fungoides (MF) /Sézary syndrome (SS), *no further questions*
 - Non-gastric MALT lymphoma, *skip to #16*
 - Peripheral T-cell lymphoma, *skip to #16*
 - Primary cutaneous B-cell lymphoma, *skip to #16*
 - Primary cutaneous CD30+ T-cell lymphoproliferative disorders, *skip to #17*
 - Splenic marginal zone lymphoma, *skip to #16*
 - Other _____
15. Will oxaliplatin be used after non-response to first-line therapy?
- Yes No *No further questions*
16. Will oxaliplatin be used as second-line or subsequent therapy for relapsed/recurrent, refractory or progressive disease? Yes No *No further questions*
17. Will oxaliplatin be used for relapsed or refractory disease?
- Yes No

Section F: Occult Primary Cancer

18. For which of the following will oxaliplatin be used?
- Chemoradiation for localized disease
 - Chemotherapy for localized disease or disseminated metastases
 - Other _____

Section G: Epithelial Ovarian Cancer/Fallopian Tube Cancer/Primary Peritoneal Cancer

19. Does the member have persistent disease or recurrence?
 Yes No
20. Will oxaliplatin be used as a single agent (monotherapy)?
 Yes No

Section H: Pancreatic Adenocarcinoma

21. Will oxaliplatin be used as neoadjuvant therapy?
If Yes, skip to #23 Yes No
22. Does the member have unresectable locally advanced or metastatic disease? Yes No
23. Will oxaliplatin be used as a component of FOLFIRINOX (fluorouracil, leucovorin, irinotecan, and oxaliplatin) regimen? Yes No

Section I: Testicular Cancer

24. Will oxaliplatin be used as palliative chemotherapy (eg, persistent or recurrent disease)? 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)