



## Gemcitabine

### 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

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

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**CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062**

**Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com**

**Clinical Criteria Questions:**

1. What is the diagnosis? *List continues on following page.*
  - Pancreatic adenocarcinoma
  - Breast cancer
  - Hepatobiliary and biliary tract cancer (including intrahepatic and extrahepatic cholangiocarcinoma, gallbladder cancer, and ampullary cancer)
  - Epithelial ovarian cancer
  - Fallopian tube cancer
  - Primary peritoneal cancer
  - Non-small cell lung cancer (NSCLC)
  - Bladder cancer
  - Primary carcinoma of the urethra
  - Upper genitourinary tract tumor
  - Transitional cell carcinoma of the urinary tract
  - Urothelial carcinoma of the prostate
  - Non-urothelial cancer with variant histology
  - Urothelial cancer with variant histology
  - Small cell lung cancer (SCLC)
  - Soft tissue sarcoma (including angiosarcoma, extremity/body wall, head/neck, retroperitoneal/intra-abdominal, rhabdomyosarcoma, solitary fibrous tumor, and undifferentiated pleomorphic sarcoma [UPS])
  - Osteosarcoma
  - Ewing's sarcoma
  - Head and neck cancer (including very advanced head and neck cancer and cancer of the nasopharynx)
  - Classic Hodgkin lymphoma
  - Nodular lymphocyte-predominant Hodgkin lymphoma
  - Kidney cancer
  - Malignant pleural mesothelioma
  - Occult primary tumor (cancer of unknown primary)
  - Testicular cancer
  - Thymoma or thymic carcinoma
  - Uterine neoplasm (including uterine sarcoma and uterine leiomyosarcoma)
  - AIDS-Related Kaposi Sarcoma
  - Primary cutaneous lymphoma (including mycosis fungoides/Sezary syndrome and primary cutaneous CD30+ T-Cell lymphoproliferative disorders)
  - T-cell lymphoma (including peripheral T-Cell lymphomas, adult T-Cell leukemia/lymphoma, hepatosplenic gamma-delta T-Cell lymphoma, and extranodal NKT/T-Cell lymphoma, nasal type)
  - Gestational trophoblastic neoplasia
  - B-cell lymphoma (including follicular lymphoma [grade 1-2], histologic transformation of nodal marginal zone lymphoma to diffuse large B-Cell lymphoma, mantle cell lymphoma, diffuse large B-Cell lymphoma, high-grade B-Cell lymphomas, Burkitt lymphoma, AIDS-Related B-Cell lymphomas, and post-transplant lymphoproliferative disorders)
  - Cervical cancer
  - Small bowel adenocarcinoma
  - Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. Is this a request for continuation of therapy with the requested drug?  
 Yes  No *If No, skip to #5 if applicable.*
4. Is there evidence of unacceptable toxicity or disease progression on the current regimen?  
 Yes  No *No further questions*

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5. What is the clinical setting in which the requested medication will be used?
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Advanced disease    | <input type="checkbox"/> Metastatic disease | <input type="checkbox"/> Persistent disease |
| <input type="checkbox"/> Progressive disease | <input type="checkbox"/> Recurrent disease  | <input type="checkbox"/> Refractory disease |
| <input type="checkbox"/> Relapsed disease    | <input type="checkbox"/> None of the above  |   |

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

Section A: Cervical cancer

6. Will the requested medication be used in combination with cisplatin as neoadjuvant therapy?
- 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)

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