

**Gemcitabine (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?  
 Gemzar  gemcitabine (generic)  Other \_\_\_\_\_
  
2. What is the patient's diagnosis?  
 Pancreatic adenocarcinoma  
 Breast cancer  
 Non-small cell lung cancer (NSCLC)  
 Cholangiocarcinoma (intra- or extra-hepatic)  
 Gallbladder cancer  
 Epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer  
 Bladder cancer (includes primary carcinoma of the urethra, upper genitourinary tract tumors, and urothelial carcinoma of the prostate)  
 Small cell lung cancer (SCLC)  
 Soft tissue sarcoma (STS)  
 Bone cancer  
 Head and neck cancer  
 Hodgkin lymphoma  
 Non-Hodgkin's lymphoma (NHL)  
 Cervical cancer  
 Dermatofibrosarcoma protuberans (DFSP)  
 Kidney cancer  
 Malignant pleural mesothelioma  
 Occult primary  
 Testicular cancer  
 Thymoma/thymic carcinoma  
 Uterine sarcoma  
 Other \_\_\_\_\_

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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 #7*
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 #7 and complete this form in its entirety.*
7. Is gemcitabine being prescribed as:  
 First-line or primary therapy  Second-line or subsequent therapy  Other \_\_\_\_\_
8. What is the prescribed regimen?  
 gemcitabine as a single agent (monotherapy)  gemcitabine in combination with cisplatin  
 gemcitabine in combination with carboplatin  Other \_\_\_\_\_
9. Does the patient's disease have any of the following characteristics?  
***Indicate all that apply or mark "None of the above."***  
 Recurrent  Persistent  Progressive  Locally advanced  Metastatic  Unresectable  
 None of the above  Other \_\_\_\_\_

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

**Section A: Pancreatic Adenocarcinoma**

10. What is the intent of treatment with gemcitabine?  
 Neoadjuvant therapy  
 Therapy for unresectable disease  
 Adjuvant therapy  
 Therapy for locally advanced, recurrent, or metastatic disease  
 Other \_\_\_\_\_

**Section B: Non-Small Cell Lung Cancer (NSCLC)**

11. What is the intent of treatment with gemcitabine?  
 Neoadjuvant or induction chemotherapy, *no further questions*  
 Adjuvant chemotherapy, *no further questions*  
 Therapy for recurrent, locally advanced, or metastatic disease  
 Other \_\_\_\_\_
12. Is gemcitabine being prescribed for use as a single agent in a patient with metastatic disease, as subsequent therapy following progression on a cytotoxic regimen? *If Yes, no further questions*  Yes  No
13. Is gemcitabine being prescribed for use as subsequent therapy following epidermal growth factor receptor (EGFR) inhibitor therapy (eg, erlotinib [Tarceva], afatinib [Gilotrif], gefitinib [Iressa])?  Yes  No *If No, skip to #15*
14. Does the patient have sensitizing EGFR mutation-positive tumors?  Yes  No *No further questions*
15. Is gemcitabine being prescribed for use as subsequent therapy following anaplastic lymphoma kinase (ALK) inhibitor therapy (eg, crizotinib [Xalkori])?  Yes  No
16. Does the patient have ALK-positive tumors?  Yes  No

**Section C: Cholangiocarcinoma (intra- or extra-hepatic), Gallbladder Cancer**

17. What is the intent of treatment with gemcitabine?  
 Primary treatment for unresectable disease  
 Primary treatment for metastatic disease  
 Adjuvant therapy for resected disease  
 Other \_\_\_\_\_

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

18. Is the patient's disease platinum-resistant or platinum-sensitive?

- Platinum-resistant
- Platinum-sensitive
- Unknown

Section E: Bladder Cancer, Primary Carcinoma of the Urethra, Upper Genitourinary Tract Tumors, Urothelial Carcinoma of the Prostate

19. Is gemcitabine being prescribed for use as neoadjuvant or adjuvant therapy?  Yes  No

Section F: Soft Tissue Sarcoma (STS)

20. What is the soft tissue sarcoma subtype?

- Angiosarcoma
- Retroperitoneal/Intra-abdominal soft tissue sarcoma
- Pleomorphic rhabdomyosarcoma
- Soft tissue sarcoma of the extremity/superficial trunk
- Other \_\_\_\_\_

Section G: Bone Cancer

21. What is the bone cancer type?  Osteosarcoma  Ewing's sarcoma  Other \_\_\_\_\_

Section H: Head and Neck Cancer

22. Does the patient have a diagnosis of nasopharyngeal cancer?  Yes  No

Section I: Hodgkin Lymphoma

23. Which type of Hodgkin lymphoma is the patient diagnosed with?

- Classical Hodgkin lymphoma
- Nodular lymphocyte-predominant Hodgkin lymphoma
- Other \_\_\_\_\_

Section J: Non-Hodgkin's Lymphoma

24. What is the patient's diagnosis (ie, NHL subtype)?

- Adult T-cell leukemia/lymphoma (ATLL)
- AIDS-related B-cell lymphoma
- Burkitt lymphoma
- Diffuse large B-cell lymphoma (DLBCL)
- Extranodal NK/T-cell lymphoma, nasal type
- Follicular lymphoma
- Gastric MALT lymphoma
- Mantle cell lymphoma
- Mycosis fungoides (MF)/Sezary syndrome (SS)
- Nongastric MALT lymphoma
- Peripheral T-cell lymphoma
- Primary cutaneous B-cell lymphoma
- Primary cutaneous CD30+ T-cell lymphoproliferative disorders
- Splenic marginal zone lymphoma
- Other \_\_\_\_\_

Section K: Cervical Cancer

25. Is gemcitabine being prescribed for the neoadjuvant treatment of locally advanced 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)**