



**Keytruda
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 copy 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 Inpatient Hospital Off Campus Outpatient Hospital
- On Campus Outpatient Hospital Office Pharmacy

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**CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-866-814-5506 • Fax: 1-855-330-1720 • www.caremark.com**

PATIENT DIAGNOSIS & ICD-10 CODE

1. What is the diagnosis?
 - Metastatic or unresectable melanoma
 - Metastatic non-small cell lung cancer
 - Metastatic or recurrent head and neck squamous cell carcinoma (HNSCC)
 - Relapsed or refractory classical Hodgkin lymphoma
 - Locally advanced or metastatic urothelial carcinoma
 - Unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient colorectal cancer (includes appendix and small bowel cancer)
 - Unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient solid tumor (other than colorectal cancer)
 - Malignant Pleural Mesothelioma
 - Merkel Cell Carcinoma
 - Recurrent, locally advanced, metastatic gastric or gastroesophageal junction cancer
 - Recurrent or metastatic cervical cancer
 - Refractory primary mediastinal large B-cell lymphoma
 - Other _____
2. What is the ICD-10 code? _____

DIAGNOSIS RELATED QUESTIONS

NON-SMALL CELL LUNG CANCER (NSCLC)

1. What is the intent of treatment? First-line therapy Subsequent therapy Other _____

NSCLC, First Line Therapy

1. Does the patient have nonsquamous metastatic non-small cell lung cancer? Yes No *If No, skip to #3*
2. Will Keytruda be used in combination with pemetrexed and carboplatin?
If Yes, no further questions. Yes No
3. What is the patient's PD-L1 expression Tumor Proportion Score (TPS)? _____ % Unknown
4. What is the patient's EGFR mutation status? Positive Negative Unknown
5. What is the patient's ALK mutation status? Positive Negative Unknown
6. What is the patient's ROS1 mutation status? Positive Negative Unknown

NSCLC, Subsequent Therapy

1. What is the patient's PD-L1 protein expression status? Positive Negative Unknown
2. Is Keytruda requested for disease progression on a first-line cytotoxic regimen or for further progression on other systemic therapy? Yes No

HEAD AND NECK SQUAMOUS CELL CARCINOMA (HNSCC)

1. Has the patient experienced disease progression on or after platinum-containing chemotherapy? Yes No

UROTHELIAL CARCINOMA

1. Is the patient eligible or ineligible for platinum-containing chemotherapy?
 Eligible Ineligible *If ineligible, no further questions.*
2. Is the patient ALSO eligible or ineligible for cisplatin-containing chemotherapy?
If eligible, skip to #4 Eligible Ineligible
3. What is the patient's combined positive score? _____ *If greater than 10, no further questions.*
4. Has the patient experienced disease progression during or following platinum-containing chemotherapy?
If Yes, no further questions. Yes No
5. Has the patient experienced disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy? Yes No

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MICROSATELLITE INSTABILITY-HIGH (MSI-H) OR MISMATCH REPAIR DEFICIENT SOLID TUMORS (OTHER THAN COLORECTAL CANCER)

1. Is the request for a pediatric patient with a microsatellite instability-high (MSI-H) central nervous system cancer? Yes No
2. Has the patient experienced disease progression following prior treatment? Yes No
3. Are there other satisfactory alternative treatment options available for the patient? Yes No

GASTRIC CARCINOMA

1. Does the patient have recurrent locally advanced, metastatic gastric or gastroesophageal junction adenocarcinoma? Yes No
2. What is the patient's PD-L1 protein expression status? Positive (Combined Positive Score [CPS] greater than or equal to 1) Negative
3. Has the member experienced disease progression on or after two or more lines of therapy including fluoropyrimidine and platinum containing chemotherapy? Yes No
4. What is the HER2 status of the disease? HER2 positive HER2 negative *If HER2 negative, no further questions.*
5. Did member receive HER2/neu-targeted therapy? Yes No

CERVICAL CANCER

1. Has the patient experienced disease progression on or after chemotherapy? Yes No
2. What is the patient's PD-L1 protein expression status? Positive (Combined Positive Score [CPS] greater than or equal to 1) Negative Unknown

PRIMARY MEDIASTINAL LARGE B-CELL LYMPHOMA

1. Does the patient require urgent cytoreductive therapy? Yes No
2. Has the patient relapsed after 2 or more prior lines of therapy? *If Yes, no further questions.* Yes No
3. Does the patient have refractory primary mediastinal large B-cell lymphoma? 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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