

**Temodar**  
**Prior Authorization Request**

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

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 1-866-249-6155.** 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:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

- What is the patient's diagnosis?
 

<input type="checkbox"/> Central nervous system (CNS) cancer	<input type="checkbox"/> Metastatic or unresectable melanoma
<input type="checkbox"/> Soft tissue sarcoma	<input type="checkbox"/> Mycosis fungoides/Sézary syndrome (MF/SS)
<input type="checkbox"/> Ewing's sarcoma	<input type="checkbox"/> Metastatic dermatofibrosarcoma protuberans (DFSP)
<input type="checkbox"/> Uterine sarcoma	<input type="checkbox"/> Small cell lung cancer
<input type="checkbox"/> Neuroendocrine tumors of pancreas, gastrointestinal tract, lung, and thymu	
<input type="checkbox"/> Pheochromocytoma/paraganglioma	
<input type="checkbox"/> Other _____	

2. What is the ICD-10 code? \_\_\_\_\_

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

Section A: CNS Cancer

- What type of CNS cancer is being treated?
 

<input type="checkbox"/> Glioblastoma	<input type="checkbox"/> Supratentorial astrocytoma/oligodendroglioma
<input type="checkbox"/> Anaplastic glioma	<input type="checkbox"/> Medulloblastoma
<input type="checkbox"/> CNS lymphoma	<input type="checkbox"/> Supratentorial primitive neuroectodermal tumor (PNET)
<input type="checkbox"/> Intracranial or spinal ependymoma	<input type="checkbox"/> Brain metastases
<input type="checkbox"/> Other _____	

Section B: Soft Tissue Sarcoma (STS)

- What type of soft tissue sarcoma is being treated?
 

<input type="checkbox"/> Angiosarcoma	<input type="checkbox"/> Rhabdomyosarcoma	<input type="checkbox"/> Solitary fibrous tumor
<input type="checkbox"/> Hemangiopericytoma	<input type="checkbox"/> Sarcoma of the head/neck	<input type="checkbox"/> Sarcoma of the extremity/trunk
<input type="checkbox"/> Retroperitoneal/intra-abdominal soft tissue sarcoma		
<input type="checkbox"/> Other _____		

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*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)**