

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



>{{PANUMCODE}}

Xalkori

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 1-866-249-6155.** 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: {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}
Patient's ID: {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, **NPI#:** _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

- What is the patient's diagnosis?
 Non-small cell lung cancer (including brain metastases from non-small cell lung cancer)
 Inflammatory myofibroblastic tumor (IMT)
 Anaplastic large cell lymphoma (ALCL)
 Other _____
- What is the ICD-10 code? _____
- Has the patient already been receiving treatment with Xalkori for the disease?
 Yes No *If No, skip to #5*
- Has the patient experienced disease progression or an unacceptable toxicity while being on Xalkori therapy?
 Yes No *No further questions*
- Will Xalkori be used as a single agent? Yes No

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

Section A: NSCLC and Brain Metastases from NSCLC

- Which of the following genetic alterations apply to the patient?
ACTION REQUIRED: If any applies, attach test result.
 Anaplastic lymphoma kinase (ALK)-positive NSCLC (including brain metastases from NSCLC)
 Repressor of silencing (ROS)1-positive NSCLC (including brain metastases from NSCLC)
 NSCLC with high-level MET amplification or MET exon 14 skipping mutation, *no further questions*
 None of the above or unknown
- How is the patient's disease classified?
 Recurrent
 Advanced
 Metastatic
 None of the above

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

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Section B: Inflammatory Myofibroblastic Tumor (IMT)

8. Is the tumor anaplastic lymphoma kinase (ALK)-positive? **ACTION REQUIRED: If Yes, attach test result.**
 Yes No

Section C: Anaplastic Large Cell Lymphoma (ALCL)

9. How is the patient's disease classified?
 Relapsed
 Refractory
 None of the above
10. Is the tumor anaplastic lymphoma kinase (ALK)-positive? **ACTION REQUIRED: If Yes, attach test result.**
 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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