

Xeloda
Prior Authorization Request

Send completed form to: Case Review Unit CVS Caremark Specialty Programs 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.

Patient's Name: _____ **Date:** _____
Patient's ID: _____ **Patient's Date of Birth:** _____
Physician's Name: _____ **NPI#:** _____
Specialty: _____ **Physician Office Telephone:** _____ **Physician Office Fax:** _____
Request Initiated For: _____

1. What is the prescribed medication? Xeloda capecitabine Other _____
2. What is the patient's diagnosis?
 - Colorectal cancer
 - Breast cancer
 - Esophageal and esophagogastric junction cancer
 - Gastric cancer
 - Gallbladder cancer
 - Cholangiocarcinoma (intra- or extra-hepatic)
 - Pancreatic neuroendocrine tumor (PNET) (islet cell tumors)
 - Ovarian cancer – Epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer
 - Pancreatic adenocarcinoma
 - Head and neck cancer
 - Lung neuroendocrine tumor (LNET)
 - Central nervous system (CNS) metastases from breast cancer
 - Penile cancer
 - Occult primary cancer
 - Anal cancer
 - Other _____
3. What is the ICD-10 code? _____
4. What is the prescribed regimen?

<input type="checkbox"/> Xeloda monotherapy	<input type="checkbox"/> Xeloda + lapatinib (Tykerb)
<input type="checkbox"/> Xeloda + docetaxel (Taxotere)	<input type="checkbox"/> Xeloda + trastuzumab (Herceptin)
<input type="checkbox"/> Xeloda + temozolomide (Temodar)	<input type="checkbox"/> Other

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

Section A: Colorectal Cancer

5. What is the intent of treatment with Xeloda?
 - Neoadjuvant therapy, *no further questions*
 - Adjuvant therapy, *no further questions*
 - Perioperative therapy, *no further questions*

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- Chemotherapy for unresectable, advanced or metastatic disease
- Other _____

6. In which clinical setting will Xeloda be used?
- Initial therapy, *no further questions*
 - Therapy after first progression (second-line therapy)
 - Therapy after second progression (third-line therapy)
 - Other _____

7. Did the cancer progress following previous treatment with an oxaliplatin-based regimen? Yes No

Section B: Breast Cancer

8. Is the breast cancer recurrent or metastatic? Yes No

Section C: Gastric Cancer, Esophageal and Esophagogastric Junction Cancer

9. What is the intent of treatment with Xeloda?
- Primary chemotherapy for locoregional disease
 - Chemoradiation for locoregional disease
 - Peri-operative (pre- or post-operative) chemotherapy for locoregional disease
 - First-line palliative therapy (eg, unresectable/medically inoperable locally advanced, locally recurrent or metastatic disease)
 - Other _____

Section D: Gallbladder Cancer and Extra-/Intra-Hepatic Cholangiocarcinoma

10. Will Xeloda be used as adjuvant therapy? *If Yes, no further questions* Yes No
11. Will Xeloda be used as primary treatment of unresectable or metastatic disease? Yes No

Section E: Pancreatic Neuroendocrine Tumor (PNET)

12. Does the patient have unresectable or metastatic disease? Yes No
13. Does the patient have symptoms, clinically significant tumor burden, or clinically significant disease progression?
 Yes No

Section F: Ovarian Cancer

14. Does the patient have persistent or recurrent disease? Yes No

Section G: Pancreatic Adenocarcinoma

15. What is the intent of treatment with Xeloda?
- Neoadjuvant therapy
 - Adjuvant therapy
 - Therapy for locally advanced unresectable disease, *skip to #17*
 - Therapy for metastatic disease, *no further questions*
 - Other _____
16. Will Xeloda be used as part of chemoradiation? *If Yes, no further questions* Yes No
17. Is Xeloda being used as part of chemoradiation following chemotherapy? 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)**