

**Yervoy  
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.

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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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**Criteria Questions:**

1. What is the patient's diagnosis?
  - Melanoma
  - Small cell lung cancer
  - Malignant pleural mesothelioma
  - Renal cell carcinoma
  - Colorectal cancer
  - Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_

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

**Section A: Melanoma**

3. Is Yervoy being used to treat metastatic CNS lesions? *If Yes, skip to #8*  Yes  No
4. Is the disease unresectable or metastatic?  Yes  No *If No, skip to #7*
5. Has the patient received a prior course of Yervoy?  Yes  No *If No, no further questions*
6. Did the disease progress or relapse after being stable for at least 3 months after their previous course of Yervoy?  
 Yes  No *No further questions*
7. Will Yervoy be used as adjuvant therapy?  Yes  No *No further questions*
8. Was Yervoy active against the primary tumor (melanoma)?  Yes  No

**Section B: Renal Cell Carcinoma**

9. Will Yervoy be used in combination with nivolumab (Opdivo)?  Yes  No

**Section C: Colorectal Cancer**

10. Does the disease express high microsatellite instability or defective mismatch repair?  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)**