



Gemcitabine

CareFirst 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 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518**. 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.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

Patient Name: _____

Patient's ID: _____

Physician's Name: _____

Specialty: _____

Physician Office Telephone: _____

Date: _____

Patient's Date of Birth: _____

NPI#: _____

Physician Office Fax: _____

Referring Provider Info: ☐ Same as Requesting Provider

Name: _____

Fax: _____

NPI#: _____

Phone: _____

Rendering Provider Info: ☐ Same as Referring Provider ☐ Same as Requesting Provider

Name: _____

Fax: _____

NPI#: _____

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

☐ Off Campus Outpatient Hospital

☐ On Campus Outpatient Hospital

☐ Office

☐ Pharmacy

What is the ICD-10 code: _____

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Gemcitabine SGM 2040-A- 6/2024.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062

Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com

Criteria Questions:

1. What is the diagnosis?

- ☐ Ampullary adenocarcinoma, *Continue to 2*
- ☐ B-cell lymphoma (including follicular lymphoma [grade 1-2], histologic transformation of indolent lymphomas to diffuse large B-Cell lymphoma, mantle cell lymphoma, diffuse large B-Cell lymphoma, high-grade B-Cell lymphomas, Burkitt lymphoma, HIV-Related B-Cell lymphomas, and post-transplant lymphoproliferative disorders), *Continue to 2*
- ☐ Biliary tract cancer (including intrahepatic and extrahepatic cholangiocarcinoma, and gallbladder cancer), *Continue to 2*
- ☐ Bladder cancer, *Continue to 2*
- ☐ Breast cancer, *Continue to 2*
- ☐ Cervical cancer, *Continue to 2*
- ☐ Classic Hodgkin lymphoma, *Continue to 2*
- ☐ Ewing's sarcoma, *Continue to 2*
- ☐ Fallopian tube cancer, *Continue to 2*
- ☐ Gestational trophoblastic neoplasia, *Continue to 2*
- ☐ Head and neck cancer (including very advanced head and neck cancer, cancer of the nasopharynx, and salivary gland tumors), *Continue to 2*
- ☐ Kaposi Sarcoma, *Continue to 2*
- ☐ Kidney cancer, *Continue to 2*
- ☐ Malignant germ cell tumor, *Continue to 2*
- ☐ Nodular lymphocyte-predominant Hodgkin lymphoma, *Continue to 2*
- ☐ Non-small cell lung cancer (NSCLC), *Continue to 2*
- ☐ Non-urothelial cancer with variant histology, *Continue to 2*
- ☐ Occult primary tumor (cancer of unknown primary), *Continue to 2*
- ☐ Osteosarcoma, *Continue to 2*
- ☐ Ovarian cancer (including epithelial ovarian cancer, carcinosarcoma [malignant mixed Mullerian tumors], clear cell carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous carcinoma, mucinous carcinoma of the ovary, or malignant germ cell tumor residual disease), *Continue to 2*
- ☐ Pancreatic adenocarcinoma, *Continue to 2*
- ☐ Pediatric Hodgkin lymphoma, *Continue to 2*
- ☐ Pleural or peritoneal mesothelioma (including pericardial mesothelioma and tunica vaginalis testis mesothelioma), *Continue to 2*
- ☐ Primary carcinoma of the urethra, *Continue to 2*
- ☐ Primary cutaneous lymphoma (including mycosis fungoides/Sezary syndrome and primary cutaneous CD30+ T-Cell lymphoproliferative disorders), *Continue to 2*
- ☐ Primary peritoneal cancer, *Continue to 2*
- ☐ Small bowel adenocarcinoma, *Continue to 2*
- ☐ Small cell lung cancer (SCLC), *Continue to 2*

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Gemcitabine SGM 2040-A- 6/2024.

**CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com**

- ☐ Soft tissue sarcoma (including angiosarcoma, extremity/body wall, head/neck, retroperitoneal/intra-abdominal, rhabdomyosarcoma, solitary fibrous tumor, dedifferentiated chordoma, and dermatofibrosarcoma protuberans (DFSP) with fibrosarcomatous transformation), *Continue to 2*
- ☐ T-cell lymphoma (including peripheral T-Cell lymphomas, adult T-Cell leukemia/lymphoma, hepatosplenic T-Cell lymphoma, breast implant-associated anaplastic large cell lymphoma, and extranodal NKT/T-Cell lymphoma), *Continue to 2*
- ☐ Testicular cancer, *Continue to 2*
- ☐ Thymoma or thymic carcinoma, *Continue to 2*
- ☐ Transitional cell carcinoma of the urinary tract, *Continue to 2*
- ☐ Upper genitourinary tract tumor, *Continue to 2*
- ☐ Urothelial cancer with variant histology, *Continue to 2*
- ☐ Urothelial carcinoma of the prostate, *Continue to 2*
- ☐ Uterine neoplasm (including uterine sarcoma and uterine leiomyosarcoma), *Continue to 2*
- ☐ Vulvar cancer, *Continue to 2*
- ☐ Other, please specify. _____, *Continue to 2*

2. Is this a request for continuation of therapy with the requested medication?

- ☐ Yes, *Continue to 3*
- ☐ No, *Continue to 4*

3. Is there evidence of unacceptable toxicity or disease progression while on the current regimen?

- ☐ Yes, *No Further Questions*
- ☐ No, *No Further Questions*

4. What is the diagnosis?

- ☐ Ampullary adenocarcinoma, *No further questions*
- ☐ B-cell lymphoma (including follicular lymphoma [grade 1-2], histologic transformation of indolent lymphomas to diffuse large B-Cell lymphoma, mantle cell lymphoma, diffuse large B-Cell lymphoma, high-grade B-Cell lymphomas, Burkitt lymphoma, HIV-Related B-Cell lymphomas, and post-transplant lymphoproliferative disorders), *No further questions*
- ☐ Biliary tract cancer (including intrahepatic and extrahepatic cholangiocarcinoma, and gallbladder cancer), *No further questions*
- ☐ Bladder cancer, *No further questions*
- ☐ Breast cancer, *Continue to 5*
- ☐ Cervical cancer, *No further questions*
- ☐ Classic Hodgkin lymphoma, *No further questions*
- ☐ Ewing's sarcoma, *Continue to 8*
- ☐ Fallopian tube cancer, *Continue to 6*
- ☐ Gestational trophoblastic neoplasia, *No further questions*
- ☐ Head and neck cancer (including very advanced head and neck cancer, cancer of the nasopharynx, and salivary gland tumors), *No further questions*
- ☐ Kaposi Sarcoma, *No further questions*

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Gemcitabine SGM 2040-A- 6/2024.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com

- ☐ Kidney cancer, *Continue to 10*
- ☐ Malignant germ cell tumor, *No further questions*
- ☐ Nodular lymphocyte-predominant Hodgkin lymphoma, *Continue to 9*
- ☐ Non-small cell lung cancer (NSCLC), *No further questions*
- ☐ Non-urothelial cancer with variant histology, *No further questions*
- ☐ Occult primary tumor (cancer of unknown primary), *No further questions*
- ☐ Osteosarcoma, *Continue to 7*
- ☐ Ovarian cancer (including epithelial ovarian cancer, carcinosarcoma [malignant mixed Mullerian tumors], clear cell carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous carcinoma, mucinous carcinoma of the ovary, or malignant germ cell tumor residual disease), *Continue to 6*
- ☐ Pancreatic adenocarcinoma, *No further questions*
- ☐ Pediatric Hodgkin lymphoma, *No further questions*
- ☐ Pleural or peritoneal mesothelioma (including pericardial mesothelioma and tunica vaginalis testis mesothelioma), *No further questions*
- ☐ Primary carcinoma of the urethra, *No further questions*
- ☐ Primary cutaneous lymphoma (including mycosis fungoides/Sezary syndrome and primary cutaneous CD30+ T-Cell lymphoproliferative disorders), *No further questions*
- ☐ Primary peritoneal cancer, *Continue to 6*
- ☐ Small bowel adenocarcinoma, *No further questions*
- ☐ Small cell lung cancer (SCLC), *No further questions*
- ☐ Soft tissue sarcoma (including angiosarcoma, extremity/body wall, head/neck, retroperitoneal/intra-abdominal, rhabdomyosarcoma, solitary fibrous tumor, dedifferentiated chordoma, and dermatofibrosarcoma protuberans (DFSP) with fibrosarcomatous transformation), *No further questions*
- ☐ T-cell lymphoma (including peripheral T-Cell lymphomas, adult T-Cell leukemia/lymphoma, hepatosplenic T-Cell lymphoma, breast implant-associated anaplastic large cell lymphoma, and extranodal NKT/T-Cell lymphoma), *No further questions*
- ☐ Testicular cancer, *No further questions*
- ☐ Thymoma or thymic carcinoma, *No further questions*
- ☐ Transitional cell carcinoma of the urinary tract, *No further questions*
- ☐ Upper genitourinary tract tumor, *No further questions*
- ☐ Urothelial cancer with variant histology, *No further questions*
- ☐ Urothelial carcinoma of the prostate, *No further questions*
- ☐ Uterine neoplasm (including uterine sarcoma and uterine leiomyosarcoma), *No further questions*
- ☐ Vulvar cancer, *Continue to 11*

5. What is the clinical setting in which the requested medication will be used?

- ☐ Recurrent disease, *No further questions*
- ☐ Metastatic disease, *No further questions*
- ☐ The patient has not responded to preoperative systemic therapy, *No further questions*
- ☐ Other, please specify. _____, *No further questions*

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Gemcitabine SGM 2040-A- 6/2024.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com

6. What is the clinical setting in which the requested medication will be used?

- ☐ Advanced disease, *No further questions*
☐ Persistent disease, *No further questions*
☐ Recurrent disease, *No further questions*
☐ Other, please specify. _____, *No further questions*

7. What is the clinical setting in which the requested medication will be used?

- ☐ Relapsed/refractory disease, *No further questions*
☐ Metastatic disease, *No further questions*
☐ Other, please specify. _____, *No further questions*

8. What is the clinical setting in which the requested medication will be used?

- ☐ Relapsed disease, *No further questions*
☐ Progressive disease, *No further questions*
☐ Metastatic disease, *No further questions*
☐ Other, please specify. _____, *No further questions*

9. What is the clinical setting in which the requested medication will be used?

- ☐ Relapsed disease, *No further questions*
☐ Refractory disease, *No further questions*
☐ Progressive disease, *No further questions*
☐ Other, please specify. _____, *No further questions*

10. What is the clinical setting in which the requested medication will be used?

- ☐ Relapsed disease, *No further questions*
☐ Metastatic disease, *No further questions*
☐ Other, please specify. _____, *No further questions*

11. Is cisplatin available?

- ☐ Yes, *Continue to 12*
☐ No, *Continue to 12*

12. Will the requested medication be used as concurrent chemoradiation as a single agent?

- ☐ Yes, *No Further Questions*
☐ No, *No Further Questions*

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)

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Gemcitabine SGM 2040-A- 6/2024.

**CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com**