



## 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.

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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:*

- |  |                                 |   |
|--|---------------------------------|---|
| <input type="checkbox"/> Ambulatory Surgical           | <input type="checkbox"/> Home   | <input type="checkbox"/> Off Campus Outpatient Hospital |
| <input type="checkbox"/> On Campus Outpatient Hospital | <input type="checkbox"/> Office | <input type="checkbox"/> Pharmacy                       |

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

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

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**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](http://www.caremark.com)**

**Criteria Questions:**

1. What is the diagnosis?

- ☐ Ampullary adenocarcinoma, *Continue to 2*
- ☐ B-cell lymphoma (including 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 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, occult primary, 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*
- ☐ 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*

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- ☐ 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 endometrial carcinoma, uterine sarcoma and uterine leiomyosarcoma), *Continue to 2*
- ☐ Vaginal cancer, *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 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 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, occult primary, and salivary gland tumors), *No further questions*
- ☐ Kaposi Sarcoma, *No further questions*
- ☐ 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*

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- ☐ 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/Szary 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 endometrial carcinoma, uterine sarcoma and uterine leiomyosarcoma), *No further questions*
- ☐ Vaginal cancer, *Continue to 13*
- ☐ 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*

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*

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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 or carboplatin 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*

13. Will the requested medication be used 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)**

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