



## Eloxatin (oxaliplatin)

### 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 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: \_\_\_\_\_ 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:**

What is the prescribed medication? ☐ Eloxatin ☐ oxaliplatin (generic)

1. What is the diagnosis?

☐ Ampullary adenocarcinoma, *Continue to 2*

☐ Anal carcinoma, *Continue to 2*

☐ B-cell lymphomas (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, 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 (including non-urothelial and urothelial cancer with variant histology), *Continue to 2*

☐ Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), *Continue to 2*

☐ Classic Hodgkin lymphoma, *Continue to 2*

☐ Colorectal cancer (including appendiceal adenocarcinoma, anal adenocarcinoma, and colon and rectal cancers), *Continue to 2*

☐ Esophageal or esophagogastric junction cancer, *Continue to 2*

☐ Fallopian tube cancer, *Continue to 2*

☐ Gastric cancer, *Continue to 2*

☐ Neuroendocrine and adrenal tumors (including neuroendocrine tumors of the gastrointestinal tract, lung and thymus, neuroendocrine tumors of the pancreas, well differentiated grade 3 neuroendocrine tumors, and poorly differentiated/large or small cell carcinoma/mixed neuroendocrine-non-neuroendocrine neoplasms), *Continue to 2*

☐ Occult primary tumor (cancer of unknown primary), *Continue to 2*

☐ Ovarian cancer (including epithelial ovarian cancer, carcinosarcoma [malignant mixed Mullerian tumor], clear cell carcinoma of the ovary, mucinous carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous carcinoma/ovarian borderline epithelial tumor [low malignant potential], and malignant germ cell tumor residual disease), *Continue to 2*

☐ Pancreatic adenocarcinoma, *Continue to 2*

☐ Primary cutaneous lymphomas (including mycosis fungoides/Szary syndrome and primary cutaneous CD30+ T-Cell lymphoproliferative disorders), *Continue to 2*

☐ Primary peritoneal cancer, *Continue to 2*

☐ Small bowel adenocarcinoma, *Continue to 2*

☐ T-cell lymphomas (including peripheral T-Cell lymphomas, adult T-Cell leukemia/lymphoma, hepatosplenic T-Cell lymphoma, extranodal NK/T-Cell lymphoma, and breast implant-associated anaplastic large cell lymphoma [ALCL]), *Continue to 2*

☐ Testicular cancer, *Continue to 2*

☐ Nasopharyngeal carcinoma, *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*

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4. What is the diagnosis?

- ☐ Ampullary adenocarcinoma, *No further questions*
- ☐ Anal carcinoma, *Continue to 5*
- ☐ B-cell lymphomas (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, 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 (including non-urothelial and urothelial cancer with variant histology), *No further questions*
- ☐ Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), *No further questions*
- ☐ Classic Hodgkin lymphoma, *No further questions*
- ☐ Colorectal cancer (including appendiceal adenocarcinoma, anal adenocarcinoma, and colon and rectal cancers), *No further questions*
- ☐ Esophageal or esophagogastric junction cancer, *No further questions*
- ☐ Fallopian tube cancer, *No further questions*
- ☐ Gastric cancer, *No further questions*
- ☐ Neuroendocrine and adrenal tumors (including neuroendocrine tumors of the gastrointestinal tract, lung and thymus, neuroendocrine tumors of the pancreas, well differentiated grade 3 neuroendocrine tumors, and poorly differentiated/large or small cell carcinoma/mixed neuroendocrine-non-neuroendocrine neoplasms), *No further questions*
- ☐ Occult primary tumor (cancer of unknown primary), *No further questions*
- ☐ Ovarian cancer (including epithelial ovarian cancer, carcinosarcoma [malignant mixed Mullerian tumor], clear cell carcinoma of the ovary, mucinous carcinoma of the ovary, grade 1 endometrioid carcinoma, low-grade serous carcinoma/ovarian borderline epithelial tumor [low malignant potential], and malignant germ cell tumor residual disease), *No further questions*
- ☐ Pancreatic adenocarcinoma, *No further questions*
- ☐ Primary cutaneous lymphomas (including mycosis fungoides/Szary syndrome and primary cutaneous CD30+ T-Cell lymphoproliferative disorders), *No further questions*
- ☐ Primary peritoneal cancer, *No further questions*
- ☐ Small bowel adenocarcinoma, *No further questions*
- ☐ T-cell lymphomas (including peripheral T-Cell lymphomas, adult T-Cell leukemia/lymphoma, hepatosplenic T-Cell lymphoma, extranodal NK/T-Cell lymphoma, and breast implant-associated anaplastic large cell lymphoma [ALCL]), *No further questions*
- ☐ Testicular cancer, *No further questions*
- ☐ Nasopharyngeal carcinoma, *Continue to 6*

5. Does the patient have metastatic disease?

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

6. Will the requested medication be used as concurrent chemoradiation?

- ☐ Yes, *Continue to 7*
- ☐ No, *Continue to 7*

7. Does the patient have a contraindication to cisplatin?

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

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*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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