



## Adcetris

### 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 copy 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

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

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**Criteria Questions:**

1. What is the diagnosis?
  - Classical Hodgkin lymphoma (CHL)
  - Systemic anaplastic large cell lymphoma (ALCL)
  - Cutaneous anaplastic large cell lymphoma (cALCL)
  - Adult T-cell leukemia/lymphoma
  - Breast implant associated anaplastic large cell lymphoma (ALCL)
  - Lymphomatoid papulosis (LyP)
  - Peripheral T-cell lymphoma (PTCL)
  - Angioimmunoblastic T-cell lymphoma
  - Mycosis fungoides (MF)
  - Sezary Syndrome (SS)
  - Diffuse large B-cell lymphoma
  - Extranodal NK/T-cell Lymphoma (nasal type)
  - Hepatosplenic gamma-delta T-cell lymphoma
  - Histologic transformation of follicular lymphoma to diffuse large B-cell lymphoma
  - Histologic transformation of nodal marginal zone lymphoma to diffuse large B-Cell lymphoma
  - High-grade B-Cell lymphomas
  - AIDS-related B-Cell lymphomas (CD30+ AIDS-related diffuse large B-cell lymphoma, primary effusion lymphoma, and human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma)
  - Monomorphic post-transplant lymphoproliferative disorders (B-cell type)
  - Monomorphic post-transplant lymphoproliferative disorders (T-cell type)
  - Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. Has testing or analysis been completed which confirms CD30 expression on the surface of the cell?  
***ACTION REQUIRED: If Yes, please attach supporting laboratory report or medical record indicating CD30 positive disease.***  Yes  No
4. Is this a request for continuation of therapy with the requested drug?  Yes  No *If No, skip to #6*
5. Is there evidence of unacceptable toxicity or disease progression on the current regimen?  
 Yes  No *No further questions*
6. Will Adcetris be used as any of the following? Indicate ALL that apply.
  - Adcetris will be used as a single agent
  - Adcetris will be used in combination with doxorubicin, vinblastine, and dacarbazine
  - Adcetris will be used in combination with cyclophosphamide, doxorubicin, and prednisone
  - Adcetris will be used in combination with bendamustine
  - Adcetris will be used in combination with dacarbazine
  - Adcetris will be used in combination with nivolumab
  - Adcetris will be used as initial therapy
  - Adcetris will be used as subsequent therapy
  - Adcetris will be used as palliative therapy
  - None of the above

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

**Section A: Classical Hodgkin Lymphoma (CHL)**

7. Is the disease relapsed or refractory?  Yes  No

**Section B: Lymphomatoid Papulosis (LyP) or Extranodal NK/T-Cell Lymphoma (nasal type)**

8. Is the disease relapsed or refractory?  Yes  No  
*If diagnosis is Lymphomatoid papulosis, no further questions.*
9. Has the patient had an inadequate response to asparaginase-based therapy (e.g., pegaspargase)?  
*If Yes, no further questions.*  Yes  No

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10. Does the patient have a contraindication to asparaginase-based therapy (e.g., pegaspargase)?  Yes  No

Section C: Diffuse Large B-Cell Lymphoma/High-Grade B-Cell Lymphomas/AIDS-Related B-Cell Lymphomas (CD30+ AIDS-related diffuse large B-cell lymphoma, primary effusion lymphoma, and human herpesvirus-8 (HHV8)-positive diffuse large B-cell lymphoma)

11. Is the patient a candidate for transplant?  Yes  No

Section D: Hepatosplenic Gamma-Delta T-Cell Lymphoma

12. How many previous lines of primary treatment regimens has the patient received? \_\_\_\_\_ lines

Section E: Histologic Transformation of Nodal Marginal Zone Lymphoma to Diffuse Large B-Cell Lymphoma and Histologic Transformation of Follicular Lymphoma to Diffuse Large B-Cell Lymphoma

13. How many previous chemoimmunotherapy regimens has the patient received? \_\_\_\_\_ regimens

*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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