



## Calquence

### 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 1-866-249-6155.** 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:** \_\_\_\_\_  
**Request Initiated For:** \_\_\_\_\_

- What drug is being prescribed?  
 Calquence Capsule    Calquence Tablet    Other \_\_\_\_\_
- What is the diagnosis?  
 Mantle cell lymphoma  
 Chronic lymphocytic leukemia (CLL)/Small lymphocytic lymphoma (SLL)  
 Waldenstrom macroglobulinemia/ Lymphoplasmacytic lymphoma  
 Gastric mucosa-associated lymphoid tissue (MALT) Lymphoma (extranodal marginal zone lymphoma of the stomach)  
 Non-Gastric MALT Lymphoma (extranodal marginal zone lymphoma of nongastric sites)  
 Nodal Marginal Zone Lymphoma  
 Splenic Marginal Zone Lymphoma  
 Other \_\_\_\_\_
- What is the ICD-10 code? \_\_\_\_\_

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

#### Section A: Mantle Cell Lymphoma

- Is the patient currently receiving treatment with the requested medication? *If Yes, skip to #7*    Yes    No
- Will the requested medication be used as a single agent?    Yes    No
- Has the patient received at least one prior therapy?    Yes    No   *No further questions.*
- Is there evidence of unacceptable toxicity or disease progression while on the current regimen?  
 Yes    No

#### Section B: Chronic Lymphocytic Leukemia (CLL)/Small Lymphocytic Lymphoma (SLL), Waldenstrom Macroglobulinemia/ Lymphoplasmacytic Lymphoma

- Is the patient currently receiving treatment with the requested medication?  
 Single agent    In combination with obinutuzumab (Gazyva)  
 Other \_\_\_\_\_

**Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155**

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Section C: Gastric Mucosa-Associated Lymphoid Tissue (MALT) Lymphoma (Extranodal Marginal Zone Lymphoma of the Stomach), Non-Gastric MALT Lymphoma (Extranodal Marginal Zone Lymphoma of Nongastric Sites), Nodal Marginal Zone Lymphoma, Splenic Marginal Zone Lymphoma

9. What is the place in therapy in which the requested medication will be used?

- First-line therapy
- Subsequent therapy

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

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