



Inlyta

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: _____ **NPI#:** _____
Specialty: _____ **Physician Office Fax:** _____
Physician Office Telephone: _____
Request Initiated For: _____

1. What is the patient's diagnosis?
 Renal cell carcinoma (relapsed, metastatic or unresectable)
 Thyroid carcinoma
 Other _____
2. What is the ICD-10 code? _____
3. Is this request for continuation of therapy with Inlyta? Yes No *If No, skip to diagnosis section*
4. Is the patient exhibiting any evidence of unacceptable toxicity or disease progression on the current regimen?
 Yes No *No further questions*

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

Section A: Renal Cell Carcinoma

5. Will Inlyta be used in any of the following regimens?
 Single agent, *no further questions*
 In combination with pembrolizumab (Keytruda), *no further questions*
 In combination with avelumab (Bavencio)
 Other _____
6. What is the place in therapy in which Inlyta will be used?
 First-line treatment
 Subsequent treatment

Section B: Thyroid Carcinoma

7. Does the disease express ANY of the following histologies?
 Papillary
 Hürthle cell
 Follicular
 Medullary
 Other _____

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

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8. Is the patient's thyroid carcinoma iodine-refractory? 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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