



Eloxatin (oxaliplatin) and oxaliplatin

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:

- Ambulatory Surgical Home Off Campus Outpatient Hospital
 On Campus Outpatient Hospital Office Pharmacy

Criteria Questions:

1. What is the prescribed medication? Eloxatin oxaliplatin (generic) Other _____
2. What is the diagnosis? *List continues on next page.*
 Colorectal cancer (including appendiceal adenocarcinoma, anal adenocarcinoma, and colon and rectal cancers)
 Pancreatic adenocarcinoma
 Esophageal or esophagogastric junction cancer
 Gastric cancer
 Hepatobiliary cancer (including intrahepatic and extrahepatic cholangiocarcinoma and gallbladder cancer)
 Neuroendocrine and adrenal tumor (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 disease)
 Occult primary tumor (cancer of unknown primary)

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

Note: This fax may contain medical information that is privileged and confidential and is solely for the use of individuals named above. If you are not the intended recipient you hereby are advised that any dissemination, distribution, or copying of this communication is prohibited. If you have received the fax in error, please immediately notify the sender by telephone and destroy the original fax message. Oxaliplatin SGM - 01/2022.

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- Epithelial ovarian cancer (including carcinosarcoma [malignant mixed Müllerian tumor], clear cell carcinoma, grade 1 endometrioid carcinoma, and low-grade serous carcinoma/ovarian borderline epithelial tumor [low malignant potential] with invasive implants)
- Fallopian tube cancer
- Primary peritoneal cancer
- Mucinous carcinoma
- Testicular cancer
- Bladder cancer (including non-urothelial and urothelial cancer with variant histology)
- Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL)
- Anal carcinoma
- B-cell lymphoma (including follicular lymphoma [grade 1-2], histologic transformation of nodal marginal zone lymphoma to diffuse large B-Cell lymphoma, mantle cell lymphoma, diffuse large B-Cell lymphoma, high-grade B-Cell lymphomas, AIDS-Related B-Cell lymphomas, and post-transplant lymphoproliferative disorders)
- Primary cutaneous lymphoma (including mycosis fungoides/Sezary syndrome and primary cutaneous CD30+ T-Cell lymphoproliferative disorders)
- T-cell lymphoma (including peripheral T-Cell lymphomas, adult T-Cell leukemia/lymphoma, hepatosplenic T-Cell lymphoma, extranodal NKT/T-Cell lymphoma, nasal type, and breast implant-associated anaplastic large cell lymphoma [ALCL])
- Classic Hodgkin lymphoma
- Small bowel adenocarcinoma (including advanced ampullary cancer)
- Other _____

3. What is the ICD-10 code? _____
4. Is this a request for continuation of therapy with the requested medication?
 Yes No *If No, skip to diagnosis section.*
5. Is there evidence of unacceptable toxicity or disease progression on the current regimen? Yes No

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

Section A: Epithelial Ovarian Cancer, Fallopian Tube Cancer, Primary Peritoneal Cancer

6. What is the clinical setting in which the requested medication will be used?
- Persistent disease
 - Recurrent disease
 - None of the above

Section B: Anal Carcinoma

7. Does the patient have metastatic disease? 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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