Member Name: {{MEMFIRST}} {{MEMLAST}} **DOB:** {{MEMBERDOB}} **PA Number:** {{PANUMBER}}

CVS caremark™ {{PANUMCODE}}

Talzenna

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.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to do_not_call@cvscaremark.com. An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

Patient's Name: {{MEMFIRST}} {{MEMLAST}} **Date**: {{TODAY}}
Patient's ID: {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, **NPI#:** _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

1. What is the diagnosis?
   - ❑ Breast cancer
   - ❑ Prostate cancer
   - ❑ Other _____
2. What is the ICD-10 code? _____
3. Is this a request for continuation of therapy with the requested medication?
   ❑ Yes ❑ No *If No, skip to diagnosis section.*
4. Has the patient experienced disease progression or an unacceptable toxicity while on the current regimen?
   ❑ Yes ❑ No *No further questions.*

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

Section A: Breast Cancer

5. What is the clinical setting in which the requested medication will be used?
   - ❑ No response to preoperative systemic therapy
   - ❑ Locally advanced disease
   - ❑ Recurrent disease
   - ❑ Metastatic disease
   - ❑ Other _____
6. Does the patient have a deleterious or suspected deleterious germline BRCA mutation? ***ACTION REQUIRED: If Yes, please attach BRCA mutation test results or chart note(s).*** ❑ Yes ❑ No ❑ Unknown
7. Will the requested medication be given as a single agent? ❑ Yes ❑ No

Section B: Prostate Cancer

8. What is the clinical setting in which the requested medication will be used?
   - ❑ Metastatic disease
   - ❑ Other _____
9. Is the disease castration-resistant? ❑ Yes ❑ No

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

10. Does the patient have homologous recombination repair (HRR)-gene mutation which includes ATM, ATR, BRCA1, BRCA2, CDK12, CHEK2, FANCA, MLH1, MRE11A, NBN, PALB2, or RAD51C?
    ACTION REQUIRED: If Yes, attach test results or chart note(s) confirming HRR mutation status.
    ❑ Yes ❑ No ❑ Unknown
11. Will the requested medication be used in combination with enzalutatmide (Xtandi)? ❑ Yes ❑ No
12. Has the patient had a bilateral orchiectomy? ❑ Yes ❑ No
13. Will the patient receive concurrent therapy with a gonadotropin-releasing hormone (GnRH) analog?
    ❑ 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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