CVS caremark™ {{PANUMCODE}}

Xeloda [capecitabine]

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: {{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 prescribed medication?
   ❑ Xeloda ❑ capecitabine ❑ Other _____

2. What is the patient's diagnosis?
   ❑ Breast cancer
   ❑ Pancreatic adenocarcinoma
   ❑ Esophageal and esophagogastric junction cancer
   ❑ Gastric cancer
   ❑ Squamous cell skin cancer
   ❑ Fallopian tube cancer
   ❑ Primary peritoneal cancer
   ❑ Mucinous carcinoma
   ❑ Penile cancer
   ❑ Anal cancer
   ❑ Thymoma or thymic carcinoma
   ❑ Gestational trophoblastic neoplasia
   ❑ Small bowel adenocarcinoma (including advanced ampullary cancer)
   ❑ Occult primary tumor (cancer of unknown primary)
   ❑ Colorectal cancer (includes appendiceal adenocarcinoma and anal adenocarcioma)
   ❑ Head and neck cancer (including very advanced head and neck cancer)
   ❑ Hepatobiliary cancer (including extrahepatic and intrahepatic cholangiocarcinoma and gallbladder cancer)
   ❑ Neuroendocrine and adrenal tumor (of the gastrointestinal tract, lung, or thymus [carcinoid tumors], of the pancreas, poorly differentiated [high grade]/large or small cell disease, well differentiated grade 3 neuroendocrine tumors)
   ❑ 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)
   ❑ Other _____

3. What is the ICD-10 code? _____

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

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4. Is this a request for continuation of therapy with the requested medication? ❑ 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 the requested medication be given in any of the following regimens?
❑ As a single agent
❑ In combination with ixabepilone (Ixempra)
❑ In combination with docetaxel
❑ In combination with trastuzumab, lapatinib, or neratinib
❑ In combination with oxaliplatin
❑ In combination with oxaliplatin as adjuvant treatment
❑ In combination with trastuzumab (Herceptin) and tucatinib (Tukysa)
❑ Given with concurrent chemoradiation and in combination with mitomycin
❑ Given in combination with gemcitabine
❑ In combination with temozolamide
❑ As a component of CAPEOX (capecitabine and oxaliplatin) regimen
❑ As subsequent therapy, in combination with a HER2-inhibitor (e.g., margetuximab-cmkb [Margenza], trastuzumab [Herceptin], lapatinib [Tykerb], or neratinib [Nerlynx])
❑ None of the above

7. What is the clinical setting in which the requested medication will be used?

❑ Recurrent disease	❑ Persistent disease	❑ Metastatic disease
❑ Progressive disease	❑ Advanced unresectable disease	❑ Post-operative residual disease
❑ Unresectable disease	❑ Advanced disease	❑ Locally advanced disease
❑ Unresectable or inoperable disease	❑ None of the above	

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

Section A: Breast Cancer

8. Will the requested medication be used as adjuvant therapy? *If Yes, no further questions* ❑ Yes ❑ No

9. What is the human epidermal growth factor receptor 2 (HER2) status for the disease?
❑ Human epidermal growth factor receptor 2 (HER2)-positive disease
❑ Human epidermal growth factor receptor 2 (HER2)-negative disease
❑ None of the above

10. *If (HER2)-positive disease AND requested medication will be given in combination with trastuzumab (Herceptin) and tucatinib (Tukysa),* has the patient received one or more prior anti-human epidermal growth factor receptor 2 (HER2) based regimens in the metastatic setting? ❑ Yes ❑ No *No further questions*

12. *If (HER2)-negative disease,* does the patient have early-stage disease? ❑ Yes ❑ No

Section B: Neuroendocrine and Adrenal Tumor

13. What is the origin for the disease?
❑ Pancreas
❑ Well differentiated grade 3
❑ Gastrointestinal tract, lung, or thymus (carcinoid tumors)
❑ Poorly differentiated (high grade)/large or small cell disease
❑ None of the above

Section C: Squamous Cell Skin Cancer

14. Is the patient ineligible for immune checkpoint inhibitors and clinical trials?
If Yes, no further questions ❑ Yes ❑ No

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15. Has the patient's disease progressed on immune checkpoint inhibitors and clinical trials? ❑ 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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