



Yescarta

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

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. Yescarta SGM* - 01/2022.

CVS Caremark Specialty Pharmacy • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com

Criteria Questions:

1. What is the diagnosis?
 - Diffuse large B-cell lymphoma (DLBCL) arising from follicular lymphoma (also known as histologic transformation of follicular lymphoma to DLBCL)
 - Histologic transformation of nodal marginal zone lymphoma to DLBCL
 - Diffuse large B-cell lymphoma (DLBCL)
 - Primary mediastinal large B-cell lymphoma
 - High-grade B-cell lymphoma (high-grade B-cell lymphoma with translocations of MYC and BCL2 and/or BCL6 [double/triple hit lymphoma], high-grade B-cell lymphoma, not otherwise specified)
 - Acquired immunodeficiency syndrome (AIDS)-related B-cell lymphomas (including AIDS-related diffuse large B-cell lymphoma, primary effusion lymphoma, and human herpesvirus 8 (HHV8)-positive diffuse large B-cell lymphoma, not otherwise specific)
 - Monomorphic post-transplant lymphoproliferative disorder (B-cell type)
 - Follicular lymphoma
 - Other _____
2. What is the ICD-10 code? _____
3. Has the patient previously received one complete treatment course of Yescarta or another CD19-directed chimeric antigen receptor (CAR) T-cell therapy (e.g., Kymriah)? Yes No
4. Does the patient have adequate and stable kidney, liver, pulmonary and cardiac function? Yes No
5. Does the patient have active hepatitis B, active hepatitis C, or a clinically significant active systemic infection? Yes No
6. Does the patient have an active inflammatory disorder? Yes No
7. Has the patient received prior treatment with two or more lines of systemic therapy?
ACTION REQUIRED: Attach chart notes, medical record documentation or claims history supporting previous lines of therapy. Yes No
8. Does the patient have primary central nervous system lymphoma? Yes No
9. Does the patient have an Eastern Cooperative Oncology Group (ECOG) performance status of 0 to 2 (patient ambulatory and capable of all self-care but unable to carry out any work activities. Up and about more than 50% of waking hours)? 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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