



Keytruda

Prior Authorization Request

CVS Caremark administers the medical drug prior authorization program on behalf of Harvard Pilgrim Health Care. Your patient's benefit plan requires prior authorization for certain medications. In order to make appropriate medical necessity determinations, your patient's diagnosis and other clinical information is required. **Please complete the information requested on the form below and fax this form to CVS Caremark, toll-free at 1-844-851-0882** to initiate the review process. If you have questions regarding the prior authorization please contact CVS Caremark at **1-844-387-1435**.

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: _____	Date: _____
Patient's ID: _____	Patient's Date of Birth: _____
Physician's Name: _____	NPI#: _____
Specialty: _____	HPHC Provider ID _____
Physician Office Telephone: _____	Physician Office Fax: _____
Rendering Provider Info: <input type="checkbox"/> Same as Requesting Provider	HPHC Provider ID: _____
Name: _____	NPI#: _____
Fax: _____ Phone: _____	Provider Tax ID: _____

Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.

Additional Demographic Information:

Please indicate the place of service for the requested drug:

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

Drug Information:

Strength/Measure _____	Units <input type="checkbox"/> ml <input type="checkbox"/> Gm <input type="checkbox"/> mg <input type="checkbox"/> ea <input type="checkbox"/> Un
Directions(sig) _____	Route of administration _____
Dosing frequency _____	

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-844-851-0882

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. Keytruda SGM – 01/2019.

**CVS Caremark Prior Authorization • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-844-387-1435 • Fax: 1-844-851-0882 • www.caremark.com**

PATIENT DIAGNOSIS & ICD-10 CODE

1. What is the diagnosis?
- Metastatic or unresectable melanoma
 - Metastatic non-small cell lung cancer
 - Metastatic or recurrent head and neck squamous cell carcinoma (HNSCC)
 - Relapsed or refractory classical Hodgkin lymphoma
 - Locally advanced or metastatic urothelial carcinoma (bladder cancer, upper genitourinary tract tumors, urothelial carcinoma of the prostate, primary carcinoma of the urethra)
 - Unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient colorectal cancer (includes appendix and small bowel cancer)
 - Unresectable or metastatic microsatellite instability-high (MSI-H) or mismatch repair deficient solid tumor (other than colorectal cancer)
 - Malignant Pleural Mesothelioma
 - Merkel Cell Carcinoma
 - Recurrent, locally advanced, metastatic gastric or gastroesophageal junction cancer
 - Recurrent or metastatic cervical cancer
 - Epithelial ovarian cancer, Fallopian tube cancer, Primary peritoneal cancer
 - Uveal melanoma
 - Esophageal and esophagogastric junction cancers
 - Bone cancer (Ewing's sarcoma or osteosarcoma)
 - Testicular cancer
 - Endometrial carcinoma
 - Anal carcinoma
 - Adrenal gland tumors
 - Penile cancer
 - Central nervous system (CNS) brain metastases in patients with melanoma or non-small cell lung cancer (NSCLS)
 - Non-Hodgkin's lymphoma (including Primary Mediastinal Large B-cell Lymphoma)
 - Pancreatic adenocarcinoma
 - Hepatobiliary cancers (intra- and extra-hepatic cholangiocarcinoma, gallbladder cancer)
 - Hepatocellular carcinoma (HCC)
 - Other _____
2. What is the ICD-10 code? _____

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-844-851-0882

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. Keytruda SGM – 01/2019.

**CVS Caremark Prior Authorization • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-844-387-1435 • Fax: 1-844-851-0882 • www.caremark.com**

DIAGNOSIS RELATED QUESTIONS
NON-SMALL CELL LUNG CANCER (NSCLC)

1. What is the intent of treatment?
 First-line therapy of non-squamous NSCLC First-line therapy of squamous NSCLC
 Maintenance therapy Subsequent therapy
 Other _____

Non-squamous NSCLC, First Line Therapy

1. Will Keytruda be used as a single agent? *If Yes, skip to #4* Yes No
2. Will Keytruda be used in combination with pemetrexed and carboplatin?
If Yes, skip to #4 Yes No
3. Will Keytruda be used in combination with pemetrexed and cisplatin? Yes No
4. What is the patient's EGFR mutation status? Positive Negative Unknown
5. What is the patient's ALK mutation status? Positive Negative Unknown
6. What is the patient's ROS1 mutation status? Positive Negative Unknown

Squamous NSCLC, First Line Therapy

1. Will Keytruda be used in combination with carboplatin and paclitaxel or albumin-bound paclitaxel?
If Yes, no further questions Yes No
2. Will Keytruda be used in any of the following regimens?
 Carboplatin and paclitaxel
 Cisplatin and paclitaxel
 Carboplatin and albumin-bound paclitaxel
 Cisplatin and albumin-bound paclitaxel
 Single agent
 Other _____
3. What is the patient's EGFR mutation status? Positive Negative Unknown
4. What is the patient's ALK mutation status? Positive Negative Unknown
5. What is the patient's ROS1 mutation status? Positive Negative Unknown

NSCLC, maintenance therapy

1. Was Keytruda used as part of the first-line chemotherapy? Yes No

NSCLC, Subsequent Therapy

1. Are any of the following genomic tumor markers positive for this patient's disease: epidermal growth factor receptor (EGFR), anaplastic lymphoma kinase (ALK), or ROS1? Yes No *If No, skip to #3*
2. Is Keytruda requested for disease progression following targeted therapy?
If Yes, no further questions Yes No
3. Is Keytruda requested for disease progression following a cytotoxic chemotherapy regimen? Yes No

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-844-851-0882

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. Keytruda SGM – 01/2019.

CVS Caremark Prior Authorization • 2211 Sanders Road NBT-6 • Northbrook, IL 60062
Phone: 1-844-387-1435 • Fax: 1-844-851-0882 • www.caremark.com

HEAD AND NECK SQUAMOUS CELL CARCINOMA (HNSCC)

1. Has the patient experienced disease progression on or after platinum-containing chemotherapy? Yes No

UROTHELIAL CARCINOMA

1. Is the patient eligible or ineligible for platinum-containing chemotherapy?
 Eligible Ineligible *If ineligible, no further questions.*
2. Is the patient ALSO eligible or ineligible for cisplatin-containing chemotherapy?
If eligible, skip to #4 Eligible Ineligible
3. What is the patient's combined positive score? _____ *If greater than or equal to 10, no further questions.*
4. Has the patient experienced disease progression during or following platinum-containing chemotherapy?
If Yes, no further questions. Yes No
5. Has the patient experienced disease progression within 12 months of neoadjuvant or adjuvant treatment with platinum-containing chemotherapy? Yes No

MICROSATELLITE INSTABILITY-HIGH (MSI-H) OR MISMATCH REPAIR DEFICIENT SOLID TUMORS (OTHER THAN COLORECTAL CANCER)

1. Is the request for a pediatric patient with a microsatellite instability-high (MSI-H) central nervous system cancer?
 Yes No
2. Has the patient experienced disease progression following prior treatment? Yes No
3. Are there other satisfactory alternative treatment options available for the patient? Yes No

GASTRIC CARCINOMA

1. What is the intent of treatment?
 Second-line or subsequent therapy
 Third-line or subsequent therapy *Skip to #3*
 Other _____
2. Does the tumor have microsatellite instability-high (MSI-H) or deficient mismatch repair (dMMR)?
If Yes, no further questions Yes No
3. What is the patient's PD-L1 protein expression status?
 Positive (Combined Positive Score [CPS] greater than or equal to 1) Negative

CERVICAL CANCER

1. Has the patient experienced disease progression on or after chemotherapy? Yes No
2. What is the patient's PD-L1 protein expression status?
 Positive (Combined Positive Score [CPS] greater than or equal to 1) Negative Unknown

HEPATOCELLULAR CARCINOMA

1. Has the patient been previously been treated with sorafenib? 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)

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-844-851-0882

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. Keytruda SGM – 01/2019.

CVS Caremark Prior Authorization • 2211 Sanders Road NBT-6 • Northbrook, IL 60062

Phone: 1-844-387-1435 • Fax: 1-844-851-0882 • www.caremark.com