



Sandostatin Injection / Sandostatin LAR Depot

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.

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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: Same as Requesting Provider

Name: _____ **NPI#:** _____
Fax: _____ **Phone:** _____ **HPHC Provider 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 ml Gm mg ea Un
Directions(sig) _____ Route of administration _____
Dosing frequency _____

Criteria Questions:

- Which drug is being prescribed?
 Sandostatin injection Sandostatin LAR Depot
 octreotide acetate injection (generic) Other _____
- What is the patient's diagnosis?
 Acromegaly
 Carcinoid syndrome
 Neuroendocrine tumors of the gastrointestinal tract (carcinoid tumors), unresectable or metastatic
 Neuroendocrine tumors of the thymus (carcinoid tumors), unresectable or metastatic
 Neuroendocrine tumors of the lung (carcinoid tumors), unresectable or metastatic
 Neuroendocrine tumors of the pancreas
 Neuroendocrine tumors of the adrenal gland
 Unresectable meningioma
 Thymoma or thymic carcinoma
 Congenital hyperinsulinism in an infant/persistent hyperinsulinemic hypoglycemia of infancy (PHHI)
 Other _____
- What is the ICD-10 code? _____

Send completed form to: Case Review Unit CVS Caremark Specialty Programs 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. Sandostatin Inj/LAR SGM – 06/2018.

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

Complete the following section if patient's diagnosis is acromegaly.

4. Is the patient currently on therapy with octreotide? Yes No *If No, skip to #6*
5. How has the patient's IGF-1 level (insulin-like growth factor 1) changed since initiation of therapy?
Indicate below and no further questions.
 Increased Decreased or normalized No change
6. How does the patient's pretreatment IGF-1 level (insulin-like growth factor 1) compare to the laboratory's reference normal range based on age and/or gender?
 IGF-1 level is **higher** than the laboratory's normal range
 IGF-1 level is **lower** than the laboratory's normal range
 IGF-1 level **falls within** the laboratory's normal range
7. Has the patient had an inadequate or partial response to surgery or radiotherapy?
If Yes, no further questions Yes No
8. Is there a clinical reason why the patient has not had surgery or radiotherapy? 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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