



Tecentriq

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: 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 ml Gm mg ea Un
Directions(sig) _____ Route of administration _____
Dosing frequency _____

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. Tecentriq SGM – 05/2019.

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

Criteria Questions:

1. What is the diagnosis?
 Locally advanced or metastatic urothelial carcinoma
 Metastatic non-small cell lung cancer (NSCLC)
 Breast cancer
 Small cell lung cancer
 Other _____
2. What is the ICD-10 code? _____

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

Section A: Locally Advanced or Metastatic Urothelial Carcinoma

3. Is the patient eligible or ineligible for platinum-containing chemotherapy?
 Eligible Ineligible *If Ineligible, no further questions*
4. Is the patient ALSO eligible or ineligible for cisplatin-containing chemotherapy?
If Eligible, skip to #6 Eligible Ineligible
5. Does the patient's tumor express PD-L1 (PD-L1 stained tumor-infiltrating immune cells [IC] covering greater than or equal to 5 percent of the tumor area) as determined by an FDA-approved test?
If Yes, no further questions Yes No
6. Has the patient experienced disease progression during or following platinum-containing chemotherapy?
If Yes, no further questions Yes No
7. Has the patient experienced disease progression within 12 months of neoadjuvant or adjuvant chemotherapy?
 Yes No

Section B: Metastatic Non-Small Cell Lung Cancer (NSCLC)

8. Has the disease progressed during or following cytotoxic chemotherapy? Yes No
9. Is the patient positive for any of the following mutations: epidermal growth factor receptor (EGFR), anaplastic lymphoma kinase (ALK), or c-ros oncogene 1 (ROS1)?
 Yes No Unknown *If No or Unknown, skip to #11*
10. Has the disease progressed on targeted FDA-approved therapy (e.g., erlotinib [Tarceva], afatinib [Gilotrif], gefitinib [Iressa], crizotinib [Xalkori], ceritinib [Zykadia])? Yes No *No further questions*
11. Is the patient negative for any of the following mutations: epidermal growth factor receptor (EGFR), anaplastic lymphoma kinase (ALK), or c-ros oncogene 1 (ROS1)? Yes No Unknown
12. What is the tumor's histology? Non-squamous Squamous Unknown

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Section C: Breast Cancer

13. Is the patient's diagnosis confirmed by the breast cancer cells testing negative for ALL of the following receptors?
- Human epidermal growth factor receptor 2 (HER-2)
 - Estrogen
 - Progesterone
- Yes No
14. Does the cancer tumor express programmed death ligand 1 (PD-L1) (i.e., PD-L1 stained tumor-infiltrating immune cells [IC] of any intensity covering at least 1 percent of the tumor area) as determined by an FDA approved test?
- Yes No
15. Will Tecentriq be used in combination with protein-bound paclitaxel? Yes No

Section D: small cell lung cancer

16. Does the patient have extensive-stage disease? Yes No
17. Will Tecentriq be used in combination with etoposide and carboplatin? 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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