



Treanda, Bendeka

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 **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. Treanda, Bendeka SGM – 10/2018.

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

Criteria Questions:

1. What drug is being prescribed? Treanda Bendeka Other _____

2. What is the diagnosis?
 - Follicular lymphoma
 - Chronic lymphocytic leukemia (CLL) without chromosome 17p deletion or without TP53 mutation
 - Small lymphocytic lymphoma (SLL) without chromosome 17p deletion or without TP53 mutation
 - Diffuse large B-cell lymphoma
 - Adult T-cell leukemia/lymphoma (ATLL)
 - AIDS-related B-cell lymphoma
 - Marginal zone lymphoma (nodal, gastric MALT, non-gastric MALT, splenic)
 - Mantle cell lymphoma
 - Mycosis Fungoides (MF)
 - Sezary syndrome (SS)
 - Peripheral T-cell Lymphoma (PTCL)
 - Primary cutaneous B-cell lymphoma
 - Cutaneous anaplastic large cell lymphoma (ALCL)
 - Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma
 - Multiple myeloma
 - Classical Hodgkin lymphoma
 - Post-transplant lymphoproliferative disorders
 - Other _____

3. What is the ICD-10 code? _____

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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