

**Docetaxel (for Maryland only)**  
**Prior Authorization Request**

Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720

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 **1-866-814-5506**. 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.

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Patient's ID: \_\_\_\_\_ Patient's Date of Birth: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ NPI#: \_\_\_\_\_  
 Specialty: \_\_\_\_\_ Physician Office Telephone: \_\_\_\_\_ Physician Office Fax: \_\_\_\_\_

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

**Additional Demographic Information:**

Patient Weight: \_\_\_\_\_ kg  
 Patient Height: \_\_\_\_\_ ft \_\_\_\_\_ inches

**Criteria Questions:**

- What is the prescribed medication  
 Taxotere (docetaxel)  Docefrez (docetaxel)  Docetaxel (generic)  Other \_\_\_\_\_
- What is the patient's diagnosis?  

<input type="checkbox"/> Breast cancer	<input type="checkbox"/> Soft tissue sarcoma
<input type="checkbox"/> Non-small cell lung cancer (NSCLC)	<input type="checkbox"/> Urothelial carcinoma of the prostate
<input type="checkbox"/> Prostate cancer	<input type="checkbox"/> Upper genitourinary tract tumor
<input type="checkbox"/> Gastric cancer	<input type="checkbox"/> Primary carcinoma of the urethra
<input type="checkbox"/> Esophageal and esophagogastric junction cancer	<input type="checkbox"/> Fallopian tube cancer
<input type="checkbox"/> Head and neck cancer	<input type="checkbox"/> Primary peritoneal cancer
<input type="checkbox"/> Bladder cancer	<input type="checkbox"/> Malignant sex-cord stromal tumor (ovarian cancer)
<input type="checkbox"/> Endometrial carcinoma	<input type="checkbox"/> Malignant germ cell tumor (ovarian cancer)
<input type="checkbox"/> Uterine sarcoma	<input type="checkbox"/> Small cell lung cancer
<input type="checkbox"/> Ovarian cancer (epithelial)	<input type="checkbox"/> Thyroid carcinoma (anaplastic carcinoma)
<input type="checkbox"/> Ewing's sarcoma	<input type="checkbox"/> Occult primary (cancer of unknown primary)
<input type="checkbox"/> Osteosarcoma	<input type="checkbox"/> Other _____
- What is the ICD-10 code? \_\_\_\_\_  
*If diagnosis is Uterine sarcoma or Occult primary (cancer of unknown primary), no further questions.*
- Would the prescriber like to request an override of the step therapy requirement?  Yes  No *If No, skip to #7*
- Has the member received the medication through a pharmacy or medical benefit within the past 180 days?  
 Yes  No **ACTION REQUIRED: Please provide documentation to substantiate the member had a prescription paid for within the past 180 days (i.e. PBM medication history, pharmacy receipt, EOB etc.)**
- Is the medication effective in treating the member's condition?  Yes  No *Continue to #7 and complete this form in its entirety.*

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7. What is the chemotherapy regimen?
- Single agent docetaxel (monotherapy)
  - Docetaxel with carboplatin
  - Other \_\_\_\_\_

**Complete the following section based on the member's diagnosis.**

Section A: Breast Cancer

8. What is the intent of treatment with docetaxel?
- Preoperative or neoadjuvant chemotherapy
  - Adjuvant chemotherapy
  - Chemotherapy for recurrent or metastatic disease
  - Other \_\_\_\_\_

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

9. What is the intent of treatment with docetaxel?
- Neoadjuvant or induction chemotherapy, *no further questions*
  - Adjuvant chemotherapy, *no further questions*
  - Chemotherapy for recurrent, locally advanced or metastatic disease
  - Other \_\_\_\_\_
10. In which clinical setting will docetaxel be used?
- First-line therapy, *no further questions*
  - Continuation maintenance therapy following first-line therapy
  - Switch maintenance therapy following first-line therapy
  - Subsequent therapy (eg, second-line therapy), *continue to #11*
  - Other \_\_\_\_\_
11. For which of the following will docetaxel be used?
- Disease progression following first-line cytotoxic therapy, *no further questions*
  - For further progression on a systemic immune checkpoint inhibitor (e.g., nivolumab, pembrolizumab) or other systemic therapy, *no further questions*
  - None of the above
12. Will docetaxel be used following prior epidermal growth factor receptor (EGFR) inhibitor therapy (eg, erlotinib, afatinib, gefitinib)?  Yes  No *If No, skip to #14*
13. Does the member have a sensitizing EGFR mutation-positive tumor?  Yes  No  Unknown *No further questions*
14. Will docetaxel be used following prior anaplastic lymphoma kinase (ALK) inhibitor therapy (eg, crizotinib)?  Yes  No
15. Does the member have an ALK mutation-positive tumor?  Yes  No  Unknown

Section C: Prostate Cancer

16. What is the clinical stage of prostate cancer?
- Clinically localized
  - Locally advanced
  - Metastatic, *no further questions*
  - Other \_\_\_\_\_
17. Does the member have high or very high risk prostate cancer?  Yes  No

Section D: Esophageal, Esophagogastric Junction and Gastric Cancer

18. Will docetaxel be used with radiation as chemoradiation for locoregional disease? *If Yes, no further questions*  Yes  No
19. Will docetaxel be used for palliative therapy (eg, unresectable/medically inoperable locally advanced, locally recurrent or metastatic disease)?  Yes  No

Section E: Head and Neck Cancer

20. What is the intent of treatment?
- Induction therapy for locally advanced disease
  - Primary chemotherapy for metastatic nasopharyngeal disease, *no further questions*
  - Chemotherapy for very advanced local disease (eg, T4b), *no further questions*
  - Chemotherapy for unresectable or inoperable disease, *no further questions*
  - Chemotherapy for recurrent or persistent disease, *no further questions*

- Chemotherapy for metastatic disease, *no further questions*
- Other \_\_\_\_\_

21. Does the member have non-nasopharyngeal cancer (e.g., glottic larynx, hypopharynx, supraglottic larynx)?  
 Yes  No

Section F: Bladder Cancer

22. Is docetaxel prescribed as second-line therapy for locally advanced, post cystectomy-recurrent, or metastatic disease?  Yes  No

Section G: Primary Carcinoma of the Urethra, Upper Genitourinary Tract Tumors, and Urothelial Carcinoma of the Prostate

23. Is docetaxel prescribed as second-line therapy for recurrent or metastatic disease?  Yes  No

Section H: Endometrial Carcinoma

24. Does the member have a contraindication to paclitaxel (Taxol)?  Yes  No

Section I: Ovarian Cancer (Epithelial, Malignant Germ Cell Tumors and Malignant Sex-Cord Stromal Tumors), Fallopian Tube Cancer, and Primary Peritoneal Cancer

***For Malignant Sex-Cord Stromal Tumors or Malignant Germ Cell Tumors, skip to #28***

25. In which clinical setting will docetaxel be used?

- Neoadjuvant therapy, *no further questions*
- Primary treatment or primary adjuvant treatment, *no further questions*
- Chemotherapy for relapsed, recurrent or persistent disease
- Other \_\_\_\_\_

26. Has the member previously received chemotherapy?  Yes  No *If No, no further questions*

27. Is the cancer platinum-resistant or platinum-sensitive?  
 Platinum-resistant  Platinum-sensitive  Other \_\_\_\_\_ *No further questions*

28. How will docetaxel be used?

- For treatment of residual disease after primary treatment
- For clinical relapse
- Other \_\_\_\_\_

Section J: Bone Cancer – Ewing’s Sarcoma

29. Will docetaxel be used for relapsed or progressive disease? *If Yes, no further questions*  Yes  No

30. Will docetaxel be used as second-line therapy for metastatic disease?  Yes  No

Section K: Osteosarcoma

31. Will docetaxel be used as second-line therapy for relapsed/refractory or metastatic disease?  Yes  No

Section L: Soft Tissue Sarcoma

32. What is the type of soft tissue sarcoma (STS)?

- Angiosarcoma
- Retroperitoneal STS
- Intra-abdominal STS
- Other \_\_\_\_\_
- Pleomorphic rhabdomyosarcoma
- STS of the extremity or superficial trunk
- STS of the head or neck

Section M: Small Cell Lung Cancer

33. Is docetaxel prescribed as subsequent chemotherapy (eg, second-line therapy)?  Yes  No

Section N: Thyroid Carcinoma (Anaplastic Carcinoma)

34. Will docetaxel be used for treatment of locoregional or metastatic disease?  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)