

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

Send completed form to: Case Review Unit CVS Caremark Prior Authorization Fax: 1-866-249-6155

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 1-866-249-6155.** 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: _____
Specialty: _____ **NPI#:** _____
Physician Office Telephone: _____ **Physician Office Fax:** _____
Request Initiated For: _____

1. What is the diagnosis?
 Non-small cell lung cancer (NSCLC)
 Other _____
2. What is the ICD-10 code? _____
3. Would the prescriber like to request an override of the step therapy requirement? Yes No *If No, skip to #6*
4. 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.)***
5. Is the medication effective in treating the member's condition? Yes No *Continue to #6 and complete this form in its entirety.*
6. What is the prescribed regimen?
 Iressa as a single agent
 Other _____
7. How is the patient's disease classified?
 Metastatic disease
 Recurrent disease
 Other _____
8. Does the patient have a known sensitizing epidermal growth factor receptor (EGFR) mutation?
ACTION REQUIRED: If yes, attach EGFR test results. Yes No Unknown
9. What is the patient's EGFR mutation test status?
 Positive for exon 19 deletion
 Positive for exon 21 L858R substitution mutation
 Positive for other known sensitizing EGFR mutation, ***Indicate:***

 None of the above

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. Iressa CF - 5/2017.

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10. What is the intent of treatment?
- First-line therapy (EGFR mutation discovered prior to first-line chemotherapy or during first-line chemotherapy), *no further questions*
 - Subsequent therapy
 - None of the above
11. Is Iressa being used as subsequent therapy for a patient with disease progression while on first-line therapy with gefitinib (Iressa)? *If Yes, no further questions* Yes No
12. Is Iressa being used as subsequent therapy for metastatic NSCLC following progression on a first-line cytotoxic regimen? 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)