CareFirst BlueCross BlueShield
The CareFirst BlueCross BlueShield family of health care plans

CVS/caremark

Sandostatin Injection /Sandostatin LAR Depot (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: _____
Specialty: _____ **NPI#:** _____
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:

1. Which drug is being prescribed?
   - ❑ Sandostatin Injection
   - ❑ Sandostatin LAR Depot
   - ❑ Octreotide acetate injection (generic)
   - ❑ Other _____

2. What is the patient's diagnosis?
   - ❑ Acromegaly
   - ❑ Meningioma
   - ❑ Thymomas and thymic carcinoma
   - ❑ Neuroendocrine tumors of the gastrointestinal tract (carcinoid tumors)
   - ❑ Neuroendocrine tumors of the thymus (carcinoid tumors)
   - ❑ Neuroendocrine tumors of the lung (carcinoid tumors)
   - ❑ Pancreatic neuroendocrine tumors
   - ❑ Adrenal gland neuroendocrine tumors
   - ❑ Poorly differentiated (high-grade) neuroendocrine tumors/Large or small cell tumors (excluding lung)
   - ❑ Congenital hyperinsulinism/persistent hyperinsulinemic hypoglycemia of infancy (CHI/PHHI)

     Document patient's age: _____ month(s) or year(s)
   - ❑ Other _____

3. What is the ICD-10 code? _____

4. Would the prescriber like to request an override of the step therapy requirement? ❑ Yes ❑ No *If No, skip to diagnosis section.*

5. 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.)***

6. Is the medication effective in treating the member's condition? ❑ Yes ❑ No *Continue to diagnosis section and complete this form in its entirety.*

Complete the following section based on the patient's diagnosis.

Section A: Acromegaly

7. Does the patient have clinical evidence of acromegaly (e.g., frontal bossing, course facial features, thick lips, protruding jaw with widely spaced teeth, large hands and feet)? ❑ Yes ❑ No

8. Is the patient currently on the requested medication? ❑ Yes ❑ No *If No, skip to #11*

9. What is the ***current*** IGF-1 level? _____ ***ACTION REQUIRED: Attach lab documentation of current IGF-1 level.***

10. How has the patient's IGF-1 level changed since initiation of therapy? *Indicate below and no further questions.*
❑ Increased ❑ Decreased or normalized ❑ No change

11. What is the ***pretreatment*** IGF-1 level? _____ ***ACTION REQUIRED: Attach lab documentation of pretreatment IGF-1 level.***

12. How does the patient's IGF-1 level compare to the laboratory's reference normal range based on age and/or gender? (Note: The normal range varies based on the laboratory performing the analysis. One must obtain lab-specific values to make this determination.)
❑ 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

13. Has the patient had an inadequate or partial response to surgery or radiotherapy?
If Yes, no further questions ❑ Yes ❑ No

14. Is there a clinical reason why the patient has not had surgery or radiotherapy? ❑ Yes ❑ No

15. What is the clinical reason for not having surgery or radiotherapy?
❑ Patient is medically unstable (poor surgical candidate)
❑ Patient is at high risk for complications of anesthesia because of airway difficulties
❑ Patient has major systemic manifestations of acromegaly including cardiomyopathy, severe hypertension and uncontrolled diabetes
❑ Patient refuses surgery or prefers the medical option over surgery
❑ Lack of an available skilled surgeon
❑ Other _____

Section B: Meningioma

16. Is the disease recurrent or progressive? ❑ Yes ❑ No

17. Is the disease unresectable? ❑ Yes ❑ No

18. Is the disease refractory to radiation therapy? ❑ Yes ❑ No

19. What is the tumor somatostatin receptor status? ❑ Positive ❑ Negative ❑ Unknown

Section C: Thymomas and Thymic Carcinoma

20. Does the patient have unresectable disease? *If Yes, skip to #22* ❑ Yes ❑ No

21. Was there residual disease following resection? ❑ Yes ❑ No

22. Does the patient have locally advanced, advanced, or recurrent disease? ❑ Yes ❑ No

23. Has the patient progressed on at least one prior chemotherapy regimen? ❑ Yes ❑ No

24. Does the patient experience symptoms of carcinoid syndrome (eg, skin flushing, diarrhea)?
If Yes, no further questions ❑ Yes ❑ No

25. What is the tumor somatostatin receptor status? ❑ Positive ❑ Negative ❑ Unknown

Section D: Neuroendocrine Tumors of the Gastrointestinal Tract (Carcinoid Tumors)

26. Does the patient have distant metastases? *If Yes, no further questions* ❑ Yes ❑ No

27. Is the disease unresectable? *If Yes, no further questions* ❑ Yes ❑ No

28. What is the primary site of the tumor?
❑ Gastric ❑ Jejunal/ileal/colon ❑ Duodenal ❑ Appendix ❑ Rectal ❑ Other _____

29. What is the tumor size? _____ centimeters

30. Does the patient have hypersecretion of gastrin (eg, Zollinger-Ellison syndrome)? ❑ Yes ❑ No

Section E: Neuroendocrine Tumors of the Thymus (Carcinoid Tumors)

31. Does the patient have distant metastases? *If Yes, no further questions* ❑ Yes ❑ No

32. Is the disease unresectable? ❑ Yes ❑ No

Section F: Neuroendocrine Tumors of the Lung (Carcinoid Tumors)

33. Does the patient have distant metastases? *If Yes, no further questions* ❑ Yes ❑ No

34. What is the tumor grade?
❑ High-grade neuroendocrine carcinoma (eg, large cell neuroendocrine carcinoma [LCNEC], small cell carcinoma, combined SCLC and NSCLC)
❑ Intermediate-grade neuroendocrine carcinoma (atypical carcinoid)
❑ Low-grade neuroendocrine carcinoma (typical carcinoid)
❑ Other _____

35. What is the disease stage?
❑ I (IA, IB) ❑ II (IIA, IIB) ❑ III (IIIA, IIIB) ❑ IV, *skip to #38*

36. Is the disease Stage IIIB? ❑ Yes ❑ No

37. Is the tumor stage T4 due to multiple lung nodules? ❑ Yes ❑ No

38. Does the patient experience symptoms of carcinoid syndrome (eg, flushing, diarrhea)?
If Yes, no further questions ❑ Yes ❑ No

39. What is the tumor somatostatin receptor status? ❑ Positive ❑ Negative ❑ Unknown

Section G: Pancreatic Neuroendocrine Tumors

40. What is the tumor type?
❑ Gastrinoma, *skip to #43*
❑ Glucagonoma, *skip to #43*
❑ Vasoactive intestinal peptide tumor (VIPoma), *skip to #43*
❑ Insulinoma
❑ Non-functioning pancreatic tumors
❑ Somatostatinoma
❑ Pancreatic polypeptidoma (PPoma)
❑ Cholecystokininoma (CCKoma)
❑ ACTH-secreting pancreatic neuroendocrine tumor
❑ Parathyroid hormone-related protein (PTHrp)-secreting pancreatic neuroendocrine tumor
❑ Other _____

41. Does the patient have distant metastases? *If Yes, skip to #43* ❑ Yes ❑ No

42. Is the disease unresectable? ❑ Yes ❑ No

43. Does the patient experience hormone-related symptoms (eg, fasting or nocturnal hypoglycemia for insulinomas, recurrent peptic ulcers for gastrinomas, flushing, diarrhea)? *If Yes, no further questions* ❑ Yes ❑ No

44. What is the tumor somatostatin receptor status? ❑ Positive ❑ Negative ❑ Unknown

Section H: Adrenal Gland Neuroendocrine Tumors

45. Does the patient have a diagnosis of non-adrenocorticotropic hormone (non-ACTH) dependent Cushing's syndrome? ❑ Yes ❑ No

46. What is the tumor somatostatin receptor status? ❑ Positive ❑ Negative ❑ Unknown

47. Is the cortisol production symmetric? ❑ Yes ❑ No

48. What is the tumor size? _____ centimeters

Section I: Poorly Differentiated (high-grade) Neuroendocrine Tumors/Large or Small Cell Tumors (excluding lung)

49. Does the patient have metastatic disease? *If Yes, skip to #51* ❑ Yes ❑ No

50. Is the disease unresectable? ❑ Yes ❑ No

51. What is the tumor somatostatin receptor status? ❑ Positive ❑ Negative ❑ Unknown

52. Does the patient experience hormone-related symptoms? ❑ 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)**