CVS caremark™ {{PANUMCODE}}

Sutent

Prior Authorization Request

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.

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: {{MEMFIRST}} {{MEMLAST}} **Date**: {{TODAY}}
Patient's ID {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, NPI#: _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

1. What is the patient's diagnosis?
   - ❑ Renal cell carcinoma
   - ❑ Soft tissue sarcoma
   - ❑ Gastrointestinal stromal tumor
   - ❑ Pancreatic neuroendocrine tumor (PNET)
   - ❑ Papillary, Hürthle cell, or Follicular thyroid carcinoma
   - ❑ Myeloid/Lymphoid neoplasms with eosinophilia
   - ❑ Other _____
   - ❑ Medullary thyroid carcinoma
   - ❑ Meningioma
   - ❑ Chordoma
   - ❑ Thymic carcinoma
2. What is the ICD-10 code? _____
3. *If diagnosis is renal cell carcinoma,* what is the clinical setting in which the requested drug will be used?
   ❑ Relapsed disease ❑ Advanced disease ❑ Stage IV disease ❑ Adjuvant treatment
   ❑ Other _____
4. *If diagnosis is renal cell carcinoma and will be just as adjuvant treatment,* will Sutent be used for continuation of therapy for adjuvant treatment of renal cell carcinoma? *If Yes, skip to #7* ❑ Yes ❑ No
5. Is this a request for continuation of therapy with Sutent?
   ❑ Yes ❑ No *If No, skip to diagnosis section.*
6. Is there evidence of disease progression or an unacceptable toxicity with Sutent?
   ❑ Yes ❑ No *No further questions*
7. Does the patient have recurrent disease? ❑ Yes ❑ No
8. How many 6 week cycles of therapy with Sutent has the patient previously received?
   _____ *No further questions*

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

Section A: Relapsed, Advanced, or Stage IV Renal Cell Carcinoma

9. Does the patient have relapsed. advanced, or or metastatic disease? ❑ Yes ❑ No *If No, skip to #11*

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

10. Will Sutent be used as a single agent? ❑ Yes ❑ No *No further questions*

11. Will Sutent be given as adjuvant treatment for a patient who is at high risk of recurrent renal cell carcinoma following nephrectomy? ❑ Yes ❑ No

Section B: Soft Tissue Sarcoma

12. What is the soft tissue sarcoma subtype?
    ❑ Alveolar soft-part sarcoma ❑ Angiosarcoma ❑ Solitary fibrous tumor
    ❑ Other _____

13. Will Sutent be used as a single agent? ❑ Yes ❑ No

Section C: Gastrointestinal Stromal Tumor

14. Will Sutent be given in combination with everolimus? ❑ Yes ❑ No *If No, skip to #16*

15. Did the patient experience disease progression after single-agent therapy with imatinib, sunitinib, and regorafenib? ❑ Yes ❑ No *No further questions*

16. Did the patient experience previous failure on imatinib therapy due to disease progression or intolerable side effects? ❑ Yes ❑ No

Section D: Pancreatic Neuroendocrine Tumor

17. Will Sutent be used as a single agent? ❑ Yes ❑ No

Section E: Thymic Carcinoma

18. Has the patient experienced failure of one previous chemotherapy regimen? ❑ Yes ❑ No

19. Will Sutent be used as a single agent? ❑ Yes ❑ No

Section F: Papillary, Hürthle Cell, or Follicular Thyroid Carcinoma

20. Does the patient have progressive and/or symptomatic radioiodine refractory disease? ❑ Yes ❑ No

Section G: Medullary Thyroid Carcinoma

21. Does the patient have metastatic disease? ❑ Yes ❑ No

22. Does the patient have an intolerance or contraindication to vandetanib (Caprelsa) and cabozantinib (Cometriq)? *If Yes, no further questions.* ❑ Yes ❑ No

23. Did the patient experience disease progression while on vandetanib (Caprelsa) or cabozantinib (Cometriq)? ❑ Yes ❑ No

Section H: Meningioma

24. Does the patient have surgically inaccessible recurrent or progressive disease? ❑ Yes ❑ No

25. Is radiation therapy possible for the patient? ❑ Yes ❑ No

Section I: Chordoma

26. Does the patient have recurrent disease? ❑ Yes ❑ No

27. Will Sutent be given as single agent therapy? ❑ Yes ❑ No

Section J: Myeloid/Lymphoid Neoplasms with Eosinophilia

28. Does the disease have an FLT3 rearrangement? ***ACTION REQUIRED: If Yes, attach test result.***
    ❑ Yes ❑ No ❑ Unknown

29. Is the disease in the chronic or blast phase? ❑ 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)**

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