

**Treanda, Bendeka (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. What drug is being prescribed?  
 Treanda  Bendeka  Other \_\_\_\_\_
  
2. What is the diagnosis?  
 Adult T-cell leukemia/lymphoma (ATLL) (Non-Hodgkin's lymphoma)  
 Primary cutaneous CD30+ T-cell lymphoproliferative disorders  
 Classical Hodgkin lymphoma  
 Peripheral T-cell Lymphoma (PTCL)  
 Mycosis Fungoides (MF)/Sezary syndrome (SS)  
 Diffuse large B-cell lymphoma (Non-Hodgkin's lymphoma)  
 AIDS-related B-cell lymphoma (Non-Hodgkin's lymphoma)  
 Chronic lymphocytic leukemia (CLL) (Non-Hodgkin's lymphoma)  
 Small lymphocytic lymphoma (SLL) (Non-Hodgkin's lymphoma)  
 Follicular lymphoma (Non-Hodgkin's lymphoma)  
 Marginal zone lymphoma (eg, gastric MALT, non-gastric MALT, splenic marginal zone) (Non-Hodgkin's lymphoma)  
 Primary cutaneous B-cell lymphoma (Non-Hodgkin's lymphoma)  
 Mantle cell lymphoma (Non-Hodgkin's lymphoma)  
 Waldenström's macroglobulinemia/lymphoplasmacytic lymphoma (Non-Hodgkin's lymphoma)  
 Multiple myeloma  
 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 #7*

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 CareFirst -5/2016.

CVS Caremark is an independent company that provides pharmacy benefit management services to CareFirst and BlueChoice members.

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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 #7 and complete this form in its entirety.*
7. Which type of disease does the patient have?  
 Progressive  
 Relapsed  
 Refractory  
 Other \_\_\_\_\_
8. What is the prescribed regimen?  
 Bendamustine monotherapy  
 Bendamustine + rituximab (Rituxan)  
 Bendamustine + obinutuzumab (Gazyva)  
 Bendamustine + lenalidomide (Revlimid) + dexamethasone  
 Other \_\_\_\_\_

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

Section A: Adult T-cell Leukemia/Lymphoma (ATLL) (Non-Hodgkin's Lymphoma)

9. Is the patient a non-responder to first-line therapy?  Yes  No
10. Will bendamustine be used for acute disease or lymphoma?  Yes  No

Section B: Primary Cutaneous CD30+ T-cell Lymphoproliferative Disorders

11. Does the patient have cutaneous anaplastic large cell lymphoma?  Yes  No

Section C: Diffuse Large B-cell Lymphoma and AIDS-Related B-cell Lymphoma

9. Is the patient a candidate for high-dose therapy?  Yes  No

Section D: Chronic Lymphocytic Leukemia (CLL) and Small Lymphocytic Lymphoma (SLL)

12. Does the patient have chromosome 17p deletion?  Yes  No  
**ACTION REQUIRED: Attach chromosome 17q deletion test result.**

***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)**