

**Votrient  
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.

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**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:** \_\_\_\_\_

- What is the patient's diagnosis?  
 Renal cell carcinoma (relapsed or unresectable)       Thyroid carcinoma  
 Soft tissue sarcoma       Dermatofibrosarcoma protuberans (DFSP) (metastatic)  
 Uterine sarcoma       Other  
\_\_\_\_\_

2. What is the ICD-10 code? \_\_\_\_\_

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

Section A: Soft Tissue Sarcoma

- What is the soft tissue sarcoma subtype?  
**Indicate below. If Angiosarcoma, Gastrointestinal stromal tumor or Pleomorphic rhabdomyosarcoma, no further questions.**  
 Adipocytic sarcoma (ie, liposarcoma)       Pleomorphic rhabdomyosarcoma  
 Gastrointestinal stromal tumor       Angiosarcoma  
 Other \_\_\_\_\_
- Is the sarcoma retroperitoneal or intra-abdominal?     Yes     No
- Is the sarcoma located in an extremity or in the superficial trunk?     Yes     No

Section B: Thyroid Carcinoma

- What is the tumor's histology?  
 Papillary (unresectable or metastatic)       Hürthle cell (unresectable or metastatic)  
 Follicular (unresectable or metastatic)       Medullary (progressive or metastatic)  
 Other \_\_\_\_\_

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*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)**