

Xeloda® – Prior Authorization Request (For Maryland Only)

Send completed form to: Case Review Unit CVS/caremark Specialty Programs Fax: 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 866-249-6155.** If you have questions regarding the prior authorization, please contact CVS/caremark at **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® 800-237-2767.

Patient Name:	Date:
Patient's ID:	Patient's Date of Birth:
Physician's Name:	
Specialty:	NPI#:
Physician Office Telephone:	Physician Office Fax:

1. What drug is being prescribed? Xeloda® Other _____

2. What is the patient's diagnosis?

<input type="checkbox"/> Colorectal cancer <input type="checkbox"/> Breast cancer <input type="checkbox"/> Gastric cancer <input type="checkbox"/> Gallbladder cancer <input type="checkbox"/> Intrahepatic cholangiocarcinoma <input type="checkbox"/> Extrahepatic cholangiocarcinoma <input type="checkbox"/> Occult primary cancer <input type="checkbox"/> Ovarian cancer – epithelial ovarian cancer/fallopian tube cancer/primary peritoneal cancer <input type="checkbox"/> Other _____	<input type="checkbox"/> Esophageal and esophagogastric junction cancer <input type="checkbox"/> Pancreatic neuroendocrine tumor (PNET) (islet cell tumors) <input type="checkbox"/> Pancreatic adenocarcinoma <input type="checkbox"/> Central nervous system (CNS) metastases from breast cancer <input type="checkbox"/> Penile cancer
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3. What is the ICD code? _____

4. Would the prescriber like to request an override of the step therapy requirement? Yes No If no, skip to #7.

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. Does the patient have severe renal impairment (CrCl less than 30 mL/minute)? Yes No

8. What is the prescribed regimen? If diagnosis is breast cancer, skip to section A.
 - Xeloda alone (monotherapy)
 - Xeloda + bevacizumab (Avastin) + oxaliplatin (Eloxatin)
 - Xeloda + oxaliplatin (Eloxatin)
 - Xeloda + radiation therapy
 - As a part of a modified ECF (epirubicin [Ellence], cisplatin or oxaliplatin [Eloxatin], and capecitabine [Xeloda] regimen
 - Xeloda + cisplatin
 - Xeloda + trastuzumab (Herceptin) + cisplatin
 - Xeloda + gemcitabine (Gemzar)
 - Xeloda + lapatinib (Tykerb)
 - Xeloda + temozolomide (Temodar)
 - Other _____

Complete the following section based on the patient's diagnosis

Section A: Breast Cancer

9. Is the disease recurrent or metastatic? Yes No
10. What is the HER2 status of the breast cancer? HER2 positive HER2 negative Unknown
11. What is the prescribed regimen?
 Xeloda + lapatinib (Tykerb), continue to #12 Xeloda alone (monotherapy), skip to #14
 Xeloda + trastuzumab (Herceptin), no further questions Xeloda + ixabepilone (Ixempra), skip to #18
 Xeloda + docetaxel (Taxotere), skip to #13 Other _____
12. Has patient previously received trastuzumab (Herceptin)? Yes No No further questions
13. Did the patient fail previous anthracycline-containing chemotherapy?
If Yes, no further questions Yes No
14. Is the breast cancer resistant to paclitaxel (Abraxane, Onxol)? Yes No
15. Is the breast cancer resistant to anthracycline-based chemotherapy or is it not indicated?
If Yes, no further questions Yes No
16. What is the hormone receptor (HR) status of the breast cancer? HR positive HR negative
17. Is the breast cancer refractory to endocrine therapy or does the patient have visceral crisis?
 Yes No No further questions
18. Is the breast cancer resistant to taxane therapy? Yes No
19. Is the breast cancer resistant to anthracycline-based chemotherapy or is it contraindicated? Yes No

Section B: Gastric Cancer, Esophageal and Esophagogastric Junction Cancer

20. If Xeloda + trastuzumab (Herceptin) + cisplatin is the prescribed regimen, does the patient have advanced or metastatic disease (including palliative)? Yes No Not applicable, no further questions
21. What is the HER2 status of the cancer? HER2 positive HER2 negative Unknown

Section C: Pancreatic Neuroendocrine Tumor (PNET)

22. Does the patient have symptoms, clinically significant tumor burden, or clinically significant disease progression?
 Yes No
23. Does the patient have unresectable or metastatic disease? Yes No

Section D: Ovarian Cancer

24. Does the patient have persistent or recurrent disease? Yes No

Section E: Central Nervous System (CNS) Metastases from Breast Cancer

25. Does the patient have recurrent disease? 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)**

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