

Prior Authorization Form
<p><b>CAREFIRST</b> Tamiflu Post Limit</p> <p>This fax machine is located in a secure location as required by HIPAA regulations. Complete/review information, sign and date. Fax signed forms to CVS/Caremark at <b>1-888-836-0730</b>. Please contact CVS/Caremark at <b>1-800-294-5979</b> with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of Tamiflu Post Limit.</p>

Drug Name (select from list of drugs shown)		
Tamiflu 30 mg capsules (oseltamivir)	Tamiflu 45mg capsules (oseltamivir)	Tamiflu 75mg capsules (oseltamivir)
Tamiflu oral suspension (oseltamivir)		

**Quantity:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_ **Strength:** \_\_\_\_\_

**Route of Administration:** \_\_\_\_\_ **Expected Length of Therapy:** \_\_\_\_\_

Patient Information	
Patient Name:	_____
Patient ID:	_____
Patient Group No.:	_____
Patient DOB:	_____
Patient Phone:	_____

Prescribing Physician	
Physician Name:	_____
Physician Phone:	_____
Physician Fax:	_____
Physician Address:	_____
City, State, Zip:	_____

**Diagnosis:** \_\_\_\_\_ **ICD Code:** \_\_\_\_\_

<b>Comments:</b>
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<b>Please circle the appropriate answer for each question.</b>	
1. Is Tamiflu the drug being prescribed?	<input type="checkbox"/> Y <input type="checkbox"/> N
[If no, then skip to question 5.]	
2. Is Tamiflu being prescribed for a continuation of therapy for a patient currently using the drug for prevention of influenza A or B after exposure to a community outbreak?	<input type="checkbox"/> Y <input type="checkbox"/> N
[If yes, then no further questions.]	
3. Is Tamiflu being prescribed for any of the following?	<input type="checkbox"/> Y <input type="checkbox"/> N
Treatment of a current infection with influenza A or B in a pregnant or critically/severely ill patient 2 weeks of age or older \ Treatment of a current infection with influenza A or B in a patient 2 weeks of age or older with an onset of symptoms within the previous 48 hours (2 days) \ Prevention of influenza A or B in a patient 1 year of age or older following close contact with another person with influenza	
[If yes, then no further questions.]	
4. Is Tamiflu being prescribed to prevent influenza A or B in a patient 1 year of age or older who has been exposed to a community outbreak of influenza?	<input type="checkbox"/> Y <input type="checkbox"/> N
[No further questions.]	
5. Is Relenza being prescribed for any of the following?	<input type="checkbox"/> Y <input type="checkbox"/> N
Treatment of a current infection with influenza A or B in a pregnant or critically/severely ill patient 7 years of age or older \ Treatment of a current infection with influenza A or B in a patient 7 years of age or older with an onset of symptoms within the previous 48 hours (2 days) \ Prevention of influenza A or B in a patient 5 years of age or older after being exposed to another person with influenza within the previous 36 hours (1.5 days) \ Continuation of therapy for a patient currently using the drug for prevention of influenza A or B after exposure to a community outbreak	
[If yes, then no further questions.]	
6. Is Relenza being prescribed for prevention of influenza A or B in a patient 5 years of age or older who has been exposed to a community outbreak of influenza within the previous 5 days?	<input type="checkbox"/> Y <input type="checkbox"/> N

I affirm that the information given on this form is true and accurate as of this date.

<b>Prescriber (Or Authorized) Signature and Date</b>