

**Arcalyst  
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.

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

1. What is the patient's diagnosis?
  - Cryopyrin-Associated Periodic Syndrome (CAPS), including Familial Cold Autoinflammatory Syndrome (FCAS) and Muckle-Wells Syndrome (MWS) *If diagnosis is CAPS, no further questions.*
  - Gout
  - Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_
3. Is the patient currently receiving Arcalyst?  Yes  No
4. Is Arcalyst being prescribed to prevent gout flares in a patient initiating or continuing urate lowering therapy (i.e. allopurinol or Uloric [febuxostat])? *If patient is NOT currently receiving Arcalyst, skip to #7.*  Yes  No
5. Has the patient achieved or maintained a clinical benefit?
  - Yes – Fewer gout flares/attacks compared to baseline
  - Yes – Fewer flare days compared to baseline
  - No
6. Has the patient continued to receive urate-lowering therapy (i.e., allopurinol or Uloric [febuxostat]) concurrently with Arcalyst?  Yes  No *No further questions*

**Complete the following questions if patient's diagnosis is Gout and patient is NOT currently receiving Arcalyst.**

7. What is the patient's serum uric acid concentration? \_\_\_\_\_ micromol/L or mg/dL (*circle one*)
8. How many gout flares has the patient had within the previous 12 months? \_\_\_\_\_
9. Has the patient had an inadequate response, intolerance or contraindication to maximum tolerated doses of non-steroidal anti-inflammatory drugs and colchicine?  Yes  No
10. Will the patient receive Arcalyst concurrently with urate-lowering therapy (i.e., allopurinol or febuxostat)?  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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