

**Brineura (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.

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

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:

- What is the indication?
 Late infantile neuronal ceroid lipofuscinosis type 2 (CLN2)
 Other
- What is the ICD-10 code? _____
- Would the prescriber like to request an override of the step therapy requirement? Yes No *If No, skip to #6*
- Has the member received the medication through a pharmacy or medical benefit within the past 180 days?
 Yes No **Action Required: If Yes, 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.)**
- Is the medication effective in treating the member's condition?
 Yes No *Continue to #6 and complete this form in its entirety.*
- Is Brineura being prescribed by or in consultation with a neurologist? Yes No
- Was the diagnosis confirmed by either an enzyme assay demonstrating a deficiency of tripeptidyl peptidase 1 (TPP1) enzyme activity OR by genetic testing? **Action Required: If Yes, please attach results.** Yes No
- Is Brineura prescribed to slow the loss of ambulation in symptomatic patients? Yes No

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9. Will Brineura be administered by, or under the direction of a physician knowledgeable in intraventricular administration? 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)