CareFirst
The CareFirst BlueCross BlueShield family of health care plans

Exjade® – Prior Authorization Request

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. Which drug is being prescribed? ☐ Exjade® ☐ Other _____
2. What is the diagnosis? ☐ Chronic iron overload ☐ Other _____
3. What is the ICD code? _____
4. What is the patient's age? _____ years
5. What is the patient's creatinine clearance? _____ mL/min
6. What is the patient's platelet count? _____ x 10^9/L
7. Is chronic iron overload due to blood transfusions? ☐ Yes ☐ No *If No, skip to #9*
8. What is the PRETREATMENT serum ferritin level? _____ mcg/L *No further questions*
9. Does the patient have NON-transfusion dependent thalassemia syndrome? ☐ Yes ☐ No
10. Is the patient currently receiving Exjade® therapy? ☐ Yes ☐ No
11. What is the patient's liver iron (Fe) concentration (LIC)? _____ mg per gram of dry weight ***Attach results***
12. What method was used to determine the liver iron concentration (LIC)?
    ☐ Liver biopsy ☐ FerriScan
    ☐ Other FDA-cleared/approved method for deferasirox (Exjade®) treatment ***Specify:*** _____
    ☐ None of the above
13. Are the serum ferritin levels consistently greater than 300 mcg/L (i.e., at least 2 consecutive measurements one month apart)? ☐ Yes ☐ No ***Document the date and serum ferritin levels and no further questions***
    Date: _____ Serum ferritin level: _____ mcg/L
    Date: _____ Serum ferritin level: _____ mcg/L
14. *If LIC is less than or equal to 3 mg per gram of dry weight,* will the Exjade therapy be withheld until the LIC reaches above 5 mg Fe per gram dry weight? ☐ 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)**