85530

12/05/2014

Prior Authorization Criteria Form

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 888-836-0730. Please contact CVS/caremark at 888-413-2723 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of the medication.

Drug Name (specify drug) _____

Quantity _____ **Frequency** _____ **Strength** _____

Route of Administration _____ **Expected Length of Therapy** _____

Patient Information

Patient Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Patient Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Patient ID: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Patient Group No: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Patient DOB: ☐☐ / ☐☐ / ☐☐☐☐

Prescribing Physician

Physician Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Physician Phone: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Physician Fax: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Physician Address: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

City, State, Zip: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ ☐☐ ☐☐☐☐☐

Diagnosis: _____ **ICD Code:** ☐☐☐ ☐☐☐

Comments: _____

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Please check the appropriate answer for each applicable question.

1. Is Tamiflu the drug being prescribed? **Y** ☐ **N** ☐

[If the answer to this question is 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? **Y** ☐ **N** ☐

   [If the answer to this question is yes, then no further questions are required.]

3. Is Tamiflu being prescribed for ONE of the following? **Y** ☐ **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 after being exposed to another person with influenza within the previous 48 hours (2 days)

   [If the answer to this question is yes, then no further questions are required.]

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? **Y** ☐ **N** ☐

   [No further questions are required.]

5. Is Relenza being prescribed for ONE of the following? **Y** ☐ **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 the answer to this question is yes, then no further questions are required.]

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? **Y** ☐ **N** ☐

I attest that the medication requested is medically necessary for this patient. I further attest that the information provided is accurate and true, and that documentation supporting this information is available for review if requested by the claims processor, the health plan sponsor, or, if applicable, a state or federal regulatory agency. I understand that any person who knowingly makes or causes to be made a false record or statement that is material to a claim ultimately paid by the United States government or any state government may be subject to civil penalties and treble damages under both the federal and state False Claims Acts. See, e.g., 31 U.S.C. §§ 3729-3733.

_____

Prescriber (Or Authorized) Signature and Date