

Member Name: {{MEMFIRST}} {{MEMLAST}} DOB: {{MEMBERDOB}} PA Number: {{PANUMBER}}



{{PANUMCODE}}

Sensipar (cinacalcet)

Prior Authorization Request

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.

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Patient's Name: {{MEMFIRST}} {{MEMLAST}} **Date:** {{TODAY}}
Patient's ID: {{MEMBERID}} **Patient's Date of Birth:** {{MEMBERDOB}}
Physician's Name: {{PHYFIRST}} {{PHYLAST}}
Specialty: _____, **NPI#:** _____
Physician Office Telephone: {{PHYSICIANPHONE}} **Physician Office Fax:** {{PHYSICIANFAX}}
Request Initiated For: {{DRUGNAME}}

1. What is the prescribed medication? Sensipar cinacalcet
2. What is the diagnosis?
 Secondary hyperparathyroidism with chronic kidney disease
 Primary hyperparathyroidism
 Tertiary hyperparathyroidism
 Parathyroid carcinoma
 Other _____
3. What is the ICD-10 code? _____
4. Is this a request for continuation of therapy with the requested drug? Yes No *If No, skip #7*
5. *If diagnosis is secondary hyperparathyroidism with chronic kidney disease, is the patient experiencing benefit from therapy as evidenced by a decrease in intact parathyroid hormone (iPTH) levels from pretreatment baseline?*
 Yes No
6. *For all other diagnoses, is the patient experiencing benefit from therapy (e.g., decreased or normalized corrected serum calcium levels since starting therapy)?* Yes No
7. What is the patient's serum calcium level? _____ mg/dL
8. What is the patient's serum albumin level? _____ g/dL
9. What is the patient's serum calcium level corrected for albumin (i.e., corrected calcium level)? _____ mg/dL
Corrected calcium level = serum calcium + 0.8 (4 - serum albumin)

Complete the following section based on the patient's diagnosis, if applicable.

Section A: Secondary Hyperparathyroidism with Chronic Kidney Disease or Tertiary Hyperparathyroidism

10. Is the patient currently receiving regular dialysis treatments? Yes No
11. Has the patient undergone a renal transplant? Yes No

Send completed form to: Case Review Unit, CVS Caremark Prior Authorization Fax: 1-866-249-6155

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Section B: Primary Hyperparathyroidism

12. Is the patient able to undergo parathyroidectomy? 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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