CareFirst
The CareFirst BlueCross BlueShield family of health care plans

CVS/caremark

Stimate

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.

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

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:

1. What drug is being prescribed? ❑ Stimate ❑ Other _____

2. What is the patient's diagnosis?
   - ❑ Hemophilia A
   - ❑ von Willebrand disease (VWD)
   - ❑ Acquired von Willebrand Syndrome (AVWS)
   - ❑ Acquired hemophilia A
   - ❑ Qualitative platelet disorder
   - ❑ Menorrhagia associated with a bleeding disorder
   - ❑ Carriers of hemophilia A (factor VIII levels of 5-50%)
   - ❑ Other _____

3. What is the ICD code? _____

Section A: Hemophilia A

4. What is the patient's factor VIII activity level (% activity): _____ %

Section B: von Willebrand disease

5. What type of von Willebrand disease does the patient have?
   ❑ Type 1 ❑ Type 2A ❑ Type 2M ❑ Type 2N ❑ Other _____

6. *If patient has Type 1*, does the patient have mild to moderate disease? ❑ Yes ❑ No

7. *If patient has any Type 2*, is the patient currently receiving therapy with Stimate?
   ❑ Yes ❑ No *If No, no further questions*

8. Has the patient shown to be responsive to Stimate with a Stimate trial? ❑ Yes ❑ No

Section C: Acquired hemophilia A

9. Does the patient have low levels of inhibitors? ❑ Yes ❑ No

10. Does the patient have mild to moderate hemorrhage? ❑ 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)**