



## Xiaflex

### 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 1-855-330-1720.** If you have questions regarding the prior authorization, please contact CVS Caremark at **1-888-877-0518**. 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:** \_\_\_\_\_  
**Specialty:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Physician Office Telephone:** \_\_\_\_\_ **Physician Office Fax:** \_\_\_\_\_

**Referring Provider Info:**  Same as Requesting Provider

**Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Rendering Provider Info:**  Same as Referring Provider  Same as Requesting Provider

**Name:** \_\_\_\_\_ **NPI#:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

*Approvals may be subject to dosing limits in accordance with FDA-approved labeling, accepted compendia, and/or evidence-based practice guidelines.*

**Required Demographic Information:**

*Patient Weight:* \_\_\_\_\_ *kg*

*Patient Height:* \_\_\_\_\_ *cm*

**Send completed form to: Case Review Unit CVS Caremark Specialty Programs Fax: 1-855-330-1720**

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**Phone: 1-888-877-0518 • Fax: 1-855-330-1720 • www.caremark.com**

**Clinical Criteria Questions:**

1. What is the diagnosis?  
 Dupuytren's contracture  
 Peyronie's disease  
 Other \_\_\_\_\_
2. What is the ICD-10 code? \_\_\_\_\_

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

**Section A: Dupuytren's Contracture**

3. Prior to initiating the current course of Xiaflex treatment for the cord, did/does the patient have a finger flexion contracture with a palpable cord in a metacarpophalangeal joint or a proximal interphalangeal joint?  
**ACTION REQUIRED: If Yes, attach supporting chart note(s) or medical record indicating the affected joint.**   
Yes - In a metacarpophalangeal joint  
 Yes - In a proximal interphalangeal joint  
 No
4. Prior to initiating the current course of Xiaflex treatment for the cord, was/is the contracture at least 20 degrees?  
**ACTION REQUIRED: If Yes, attach supporting chart note(s) or medical record indicating the degree of pretreatment contracture.**  Yes  No
5. Prior to initiating the current course of Xiaflex treatment for the cord, did the patient have a positive table test, defined as the inability to simultaneously place the affected finger(s) and palm flat against a table?  
**ACTION REQUIRED: If Yes, attach supporting chart note(s) or medical record indicating a positive table test.**  
 Yes  No
6. Is the patient continuing with a treatment course for the same cord? *If No, skip to #8*  
 Yes - Continuing with a treatment course for the same cord  
 No - Starting a treatment course for new cord  
 No - Starting a treatment course for recurrence in a previously treated cord  
 Other: \_\_\_\_\_
7. How many injections has the patient received as part of the current treatment course? **ACTION REQUIRED: If less than 3 injections, attach supporting chart note(s) or medical record indicating the number of injections the patient has received for each cord being treated.** \_\_\_\_\_ injections
8. Will the patient receive a total of 3 injections or less (4 weeks apart) as part of the current treatment?  
 Yes  No

**Section B: Peyronie's Disease**

9. Does the patient have a stable Peyronie's disease without clinical changes (e.g., worsening curvature) for at least three months?  Yes  No
10. Prior to initiating Xiaflex therapy, did/does the patient have a palpable plaque and curvature deformity of at least 30 degrees and less than 90 degrees? **ACTION REQUIRED: If Yes, attach supporting chart note(s) or medical record indicating the pretreatment deformity curvature and the presence of a palpable plaque.**  Yes  No
11. Does the patient have intact erectile function (with or without medication)?  Yes  No
12. Is the patient continuing treatment with Xiaflex for Peyronie's disease?  Yes  No *If No, skip to #15*
13. What is the current curvature of deformity? **ACTION REQUIRED: If 15 degrees or greater, attach supporting chart note(s) or medical record indicating the current deformity curvature.** \_\_\_\_\_ degrees
14. How many injections has the patient received, including any injections patient already received during current and any previous treatment? **ACTION REQUIRED: If less than 8 injections, attach supporting chart note(s) or medical record indicating the number of injections the patient has received.** \_\_\_\_\_ injections

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15. Will the patient receive a maximum of one treatment course with a total of 8 injections or less, including any injections patient already received during current and any previous treatment?  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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