PA Request Criteria

00-000000000

203456

This fax machine is located in a secure location as required by HIPAA regulations. Fax complete signed and dated forms to CVS/Caremark at . Please contact CVS/Caremark at 1-888-413-2723 with questions regarding the prior authorization process. When conditions are met, we will authorize the coverage of the medication.

Patient Name: _____ **Date:** 8/12/2024
Patient ID: _____ **Patient Date Of Birth:**
Patient Group No: _____ **Patient Phone:** _____ **Physician Name:**
NPI#: **Specialty:**
Physician Office Address: _____ **Physician Office Telephone:**

Drug Name (specify drug) _____

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

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

Diagnosis: _____ **ICD Code:** _____

Comments: _____

Please check the appropriate answer for each applicable question.

1. What is the diagnosis?
   - Parkinson's disease (If checked, go to 2) ☐
   - Other, please specify. (If checked, no further questions) ☐

   _____

2. Is the patient currently receiving treatment with the requested medication? **Y** ☐ **N** ☐
3. Is the requested medication prescribed for the acute, intermittent treatment of "off" episodes? **Y** ☐ **N** ☐
4. Is the patient currently being treated with carbidopa/levodopa? **Y** ☐ **N** ☐
5. Has the patient experienced improvement in their condition (e.g., reduction in daily "off" time, improvement in motor function post-administration) since starting treatment with the requested medication? **Y** ☐ **N** ☐
6. Is the requested medication prescribed for the acute, intermittent treatment of "off" episodes? **Y** ☐ **N** ☐
7. Does the patient experience at least 2 hours of "off" time per day? **Y** ☐ **N** ☐
8. Is the patient currently being treated with carbidopa/levodopa? **Y** ☐ **N** ☐
9. Were attempts to manage "off" episodes by adjusting the dosing or formulation of carbidopa/levodopa ineffective? **Y** ☐ **N** ☐
10. Was treatment with carbidopa/levodopa plus one of the following therapies ineffective at managing "off" episodes?
    - Yes - Dopamine agonist (e.g., pramipexole, ropinirole) (If checked, no further questions) ☐
    - Yes - Monoamine oxidase B (MAO-B) inhibitor (e.g., selegiline, rasagiline) (If checked, no further questions) ☐
    - Yes - Catechol-O-methyl transferase (COMT) inhibitor (e.g., entacapone, tolcapone) (If checked, no further questions) ☐
    - No - None of the above (If checked, no further questions) ☐

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 the 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.

_____

Prescriber (Or Authorized) Signature and Date

Now you can get responses to drug PAs immediately and securely online—without faxes, phone calls, or waiting. How? With electronic prior authorization (ePA)! For more information and to register, go to www.caremark.com/epa.